Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from9/21/2003		CALIFORNIA 465
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/2003</u>		Page 1 of 327
	Amendment No 000		Date of election if app (Month, Day, Ye	olicable: ar)	For Official Use Only
	Report No CM1	_	10/7/2003		
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee) 1258279	Treasurer (If	recipient committee)	
COMMITTEE	E/FILER'S NAME	1250277	NAME OF TREASURE	ER .	
Community	Civic Participation Project sponsored by Labo	r Organizations	Jack Gribbon		
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
			C F	CA	04102 (415) 552 2200
Sacramento OPTIONAL: I	FAX/E-MAIL ADDRESS	95814 ((21)3) -738-8405	San Francisco OPTIONAL: FAX/E-M/	All ADDRESS	94102 (415) 553-3280
NAME OF CA			Governor	ND DISTRICT, IF APPLICABLE	CHECK ONE SUPPORT OPPOSE X SUPPORT OPPOSE
NAIVIE OF BA	ILLOT WEASURE		BALLOT NO./LETTER JUI	RISDICTION	SUPFORI
3. Indepe	ndent Expenditures Made	1	riately labeled continuation shed	1	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/7/2003	Luz Abarca Hawthorne, CA 90252	Vot	er Contact	\$317.21	\$317.21
9/30/2003	Monique Aceves Los Angeles, CA 90032	Pho	neBank	\$326.06	\$637.45
10/7/2003	Robert Acosta Los Angeles, CA 90033	Vot	er Contact	\$23.33	\$282.35

	upplemental Independent			Report cover	s period	SUPPLEMENT/ Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITUR		
Expenditu Government Code	re Report Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65		
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 2 of	327		
An	nendment No 000	-	Date of election i	f applicable:		For Official Use			
	Report No CM1	-	10/7/2003						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)				
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER					
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS					
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE		
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2 Name of (Candidate or Measure Sur	anorted or Onnosed							
NAME OF CAND	·	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	1	CK ONE RT OPPOSE		
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE		
3. Independ	lent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.	1	CUMULATIVE 1 CALENDAR			
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE			
10/7/2003	Robert Acosta Los Angeles, CA 90033	Vote	er Contact		\$259.02	\$282.35			
10/7/2003	Yeny Acosta Los Angeles, CA 90019	Vote	er Contact		\$23.33	\$249.23			
10/7/2003	Yeny Acosta Los Angeles, CA 90019	Vote	er Contact		\$225.90	\$249.23			
	6,								

	ipplemental Independent			Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP		
	ure Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	l 65		
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page 3 of	327		
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	Only		
	Report No CM1	-	10/7/2003						
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)				
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER					
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS					
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Name of CANI	Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR H	FLD AND DISTRICT	IF APPLICABLE		RT OPPOSE		
TWINE OF CHILE	SIDATE		OTTIOE GOOGITI OKTI	LLD / IND BIOTHIOT,	TATE EIGNOLE	33113	KI GIT GGE		
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE		
3. Indepen	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE CALENDAR			
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE			
10/7/2003	Alberto Acuna Los Angeles, CA 90063	Vote	r Contact		\$327.84	\$327.84			
10/7/2003	Rosa Acuna Los Angeles, CA 90063	Vote	r Contact		\$327.84	\$327.84			
10/7/2003	Hifni Adzan Los Angeles, CA 90057	Vote	r Contact		\$23.33	\$289.30			
	<i>g</i> ,,								

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 4 of	327
A	mendment No 000	- — — — — — — — — — — — — — — — — — — —	Date of election i	if applicable:		For Official Use	
Report No CM1 1. Committee/Filer Information COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRESS 2. Name of Candidate or Measure Supported or Opposed NAME OF CANDIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APP							
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	oported or Opposed				СН	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAI (JAN.1 - DI	TO DATE R YEAR
10/7/2003	Hifni Adzan Los Angeles, CA 90057	Voter	Contact		\$265.97	\$289.30	
10/7/2003	Julio Aguilar Montebello, CA 90640	Votei	· Contact		\$188.49	\$188.49	
9/30/2003	Oscar Aguilluz Jr. Los Angeles, CA 90042	Phone	eBank		\$408.47	\$843.03	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page 5 of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/6/2003	Oscar Aguilluz Jr. Los Angeles, CA 90042	Phone	eBank		\$141.34	\$843.03	,
10/7/2003	Maria Alas Los Angeles, CA 90006	Voter	Contact		\$166.23	\$166.23	
10/7/2003	Ana Alatorre Los Angeles, CA 90033	Voter	Contact		\$252.44	\$252.44	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page 6 of	327
A	mendment No $\frac{000}{}$	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TITY STATE ZIP CODE						
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				- Cu	FOK ONE
		Phone or other or	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepen	dent Expenditures Made A	Attach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAI	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DI	C.31)
10/7/2003	Maria Alejandrez Panorama City, CA 91402	Votes	r Contact		\$323.08	\$323.08	
9/30/2003	Elizabeth Aleman Bell Gardens, CA 90201	Phon	eBank		\$444.80	\$993.00	
10/6/2003	Elizabeth Aleman Bell Gardens, CA 90201	Phon	eBank		\$221.64	\$993.00	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from 9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>)3		Page <u>7</u> o	f 327
	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official Us	
	Report No CM1	-	10/7/2003				
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREAS	SURER			
OTD 557 A	222500 (10.20.20.00)		MAILING ADDRE	SS			
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10.000	711010711 <u>-</u>		OTTIOL GOOGITI OTTIL	LES THE BIOTHIOT, I	, a relocate	33.1	5KT 5KT 5KT
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - E	AR YEAR DEC.31)
9/30/2003	Marilu Alfaro-Infante Los Angeles, CA 90042	Phone	Bank		\$439.62	\$716.67	
0/6/2003	Marilu Alfaro-Infante Los Angeles, CA 90042	Phone	Bank		\$166.23	\$716.67	
	2557 mgolos, 671700 12						
0/7/2003	Maria Rosa Alvarenga	Voter	Contact		\$307.75	\$307.75	
	Canoga Park, CA 91303						
					1		

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 8 of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Emilia Alvarez Los Angeles, CA 90012	Voter	Contact		\$188.49	\$188.49	,
10/7/2003	Sara Alvarez Los Angeles, CA 90012	Voter	Contact		\$199.48	\$199.48	
10/7/2003	Diana Alves Alhambra, CA 91808	Voter	Contact		\$132.98	\$166.22	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page 9 of	327
	Amendment No 000	- (Explain 5515)	Date of election i	f applicable:		For Official Use	
	Report No CM1 10/7/2003 I.D. NUMBER (if recipient committee) I.D. NUMBER (if recipient comm						
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sur	oported or Opposed				CHE	ECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE LYEAR
10/7/2003	Diana Alves Alhambra, CA 91808	Voter	Contact		\$33.24	\$166.22	<u> </u>
10/7/2003	Milton Alves Alhambra, CA 91808	Voter	Contact		\$165.20	\$165.20	
9/24/2003	Andy Gump, Inc. Santa Clarita, CA 91351	Voter	Contact		\$976.00	\$976.00	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/2003</u>	3		Page <u>10</u> of <u>1</u>	327
A	Amendment No 000	-	Date of election if a	applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient committ	ee)		
COMMITTEE/	FILER'S NAME		NAME OF TREAS	JRER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDRES	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PHO	DNE
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2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HEL	D AND DISTRICT, IF A	APPLICABLE	SUPPOR	T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	ndent Expenditures Made A	1	·		AMOUNT	CUMULATIVE TO CALENDAR	O DATE YEAR
DATE 10/7/2003	Jesus Angel		DESCRIPTION OF EX-	(PENDITURE	\$199.48	(JAN.1 - DEC	5.31)
	Los Angeles, CA 90019						
10/7/2003	Danny Anguiano Los Angeles, CA 90065	Voter	Contact		\$23.33	\$261.50	
						1	

Supplemen Expenditur	ital Independent e Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
Government Code S		to whole dollars.	from9/21/200	3		FORM 4	UU
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	03		Page <u>11</u> of <u>3</u>	327
Amendment No 000		-	Date of election i	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
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2. Name of C	andidate or Measure Sup	ported or Opposed					
NAME OF CANDID	•	pportou or opposou	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	. =						
3. Independe	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.	1	CUMULATIVE TO CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Eduardo Anguiano Los Angeles, CA 90065	Vote	er Contact		\$23.33	\$179.86	
10/7/2003	Eduardo Anguiano Los Angeles, CA 90065	Vote	er Contact		\$156.53	\$179.86	
	3,						
10/7/2003	David Anzora	Vote	er Contact		\$23.33	\$339.47	
	Los Angeles, CA 90026						

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 12 of	327
A	Amendment No 000	- (Explain 5515)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	David Anzora Los Angeles, CA 90026	Voter	Contact		\$316.14	\$339.47	0.0.,
10/7/2003	Sara Araiza Los Angeles, CA 90011	Voter	Contact		\$316.14	\$316.14	
10/7/2003	Jose Arata Gardena, CA 90249	Voter	Contact		\$23.33	\$355.79	

Expenditure		Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
Government Code S	ections 84203.5)	to whole dollars.	from9/21/200)3		TOKW	
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>13</u> of <u>3</u>	327
Ame	endment No 000		Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use C	Only
	Report No CM1		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	ASURER			
STREET ADDRES	S (NO P O BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDIDA	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Jose Arata Gardena, CA 90249	Vote	r Contact		\$332.46	\$355.79	
10/7/2003	Delmi Araujo Los Angeles, CA 90057	Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Delmi Araujo Los Angeles, CA 90057	Vote	er Contact		\$307.75	\$331.08	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from 9/21/2003		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	through 12/31/200)3		Page <u>14</u> of	327
	Amendment No 000	nendment No 000		applicable: , Year)		For Official Use	
	Report No CM1	-	10/7/2003				
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREAS	SURER			
OTD = 5 + 5	22222442222		MAILING ADDRE	SS			
STREET AL	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/F	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed					IECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE	SUPP	ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepe	endent Expenditures Made At	ttach additional information on appropria	tely labeled continuation	sheets.		CUMUI ATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
.0/7/2003	Andres Araux Inglewood, CA 90301	Voter	Contact		\$176.12	\$239.49	
.0/7/2003	Andres Araux Inglewood, CA 90301	Voter	Contact		\$63.37	\$239.49	
0/7/2003	Lourdes Arellano Los Angeles, CA 90057	Voter	Contact		\$290.98	\$290.98	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>15</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Maria Arellano Los Angeles, CA 90007	Voter	Contact		\$310.29	\$310.29	
10/7/2003	Wendy Arevalo Los Angeles, CA 90018	Voter	Contact		\$225.90	\$225.90	
10/7/2003	Hector Amador Arias Los Angeles, CA 90002	Voter	Contact		\$23.33	\$222.81	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>16</u> of	327
	Amendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF C		Photographic Services	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Hector Amador Arias Los Angeles, CA 90002	Votei	r Contact		\$199.48	\$222.81	
10/7/2003	Lorrie Lee Arriola Huntington Park, CA 90255	Voter	r Contact		\$299.37	\$299.37	
10/7/2003	Manuel Arriola Los Angeles, CA 90006	Voter	r Contact		\$23.33	\$339.47	

ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from 9/21/2003	SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	65
IONS ON REVERSE	Amendment (Explain Below	through 12/31/2003		Page 17 of 32	27
Amendment No 000	- (2.4p.cm. 2333)		 ::	For Official Use Or	
Report No CM1	-	10/7/2003			
ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipier	nt committee)		
/FILER'S NAME		NAME OF TREASURER			
DRESS (NO P.O. BOX)		MAILING ADDRESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHON	NE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADD	RESS		
f Candidate or Measure Su	oported or Opposed			CHEC	. ONE
		OFFICE SOUGHT OR HELD AND DIS	TRICT, IF APPLICABLE	SUPPORT	
LOT MEASURE		BALLOT NO./LETTER JURISDICT	TION	SUPPORT	OPPOSE
<u>-</u>	1			CUMULATIVE TO	DATE EAR
				(JAN.1 - DEC.:	31)
Los Angeles, CA 90006					
Heidy Arrivillaga Los Angeles, CA 90062	Phone	Bank	\$322.56	\$674.44	
	Į.			1	
	THE STATE TO AND P.O. BOX) STATE FAX/E-MAIL ADDRESS F Candidate or Measure Supposed to the survey of the surve	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No	Amounts may be rounded to whole dollars. CALIFORNIA 2

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>18</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CUI	ECK ONE
NAME OF CAN		- Province - Province	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/6/2003	Heidy Arrivillaga Los Angeles, CA 90062	Voter	r Contact		\$173.60	\$674.44	
10/7/2003	Paula Arroyo Huntington Park, CA 90255	Votes	r Contact		\$166.23	\$199.47	
10/7/2003	Paula Arroyo Huntington Park, CA 90255	Voter	r Contact		\$33.24	\$199.47	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	EUCTIONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	03		Page 19 of	327
	Amendment No 000	- (Explain 5515)	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Luis Arzate Gardena, CA 90247		Contact		\$23.33	\$339.47	.0.01)
10/7/2003	Luis Arzate	Voter	Contact		\$316.14	\$339.47	
-3, 1, 2000	Gardena, CA 90247	Voter			40.20.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10/7/2003	Erazo Arroyo Ascencion Huntington Park, CA 90255	Voter	Contact		\$166.23	\$199.47	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>20</u> of <u>3</u>	27
A	mendment No 000	—	Date of election i	f applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	NE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	K ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made A	ĺ	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE TO CALENDAR ((JAN.1 - DEC	/EAR
10/7/2003	Erazo Arroyo Ascencion Huntington Park, CA 90255		Contact	-	\$33.24	\$199.47	.01)
10/7/2003	Jessica Aspilcueta Los Angeles, CA 90016	Voter	· Contact		\$122.66	\$122.66	
10/7/2003	Soledad Avellan Long Beach, CA 90806	Voter	· Contact		\$199.48	\$199.48	

nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
TIONS ON REVERSE	Amendment (Explain Belo	through 12/31/2003	;		Page 21 of	327
Amendment No 000	-	Date of election if a	applicable:			
Report No CM1	_	10/7/2003				
ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
E/FILER'S NAME		NAME OF TREASU	JRER			
DRESS (NO P.O. BOX)		MAILING ADDRES	S			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E	-MAIL ADDRESS			
of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NDIDATE		OFFICE SOUGHT OR HEL	D AND DISTRICT, IF	APPLICABLE	SUPPOR	OPPOSE
LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
<u>-</u>	1	•		AMOUNT	CUMULATIVE T	O DATE YEAR
Maria Teresa Badillo			I LINDITORE	\$416.26	\$894.73	J.31)
Los Aligeies, CA 90037						
Maria Teresa Badillo Los Angeles, CA 90057		neBank		\$184.70	\$894.73	
	Phon			\$-30 HZ		
	ture Report Dode Sections 84203.5) FIONS ON REVERSE Amendment No Report No CM1 Statee/Filer Information E/FILER'S NAME DRESS (NO P.O. BOX) STATE FAX/E-MAIL ADDRESS Of Candidate or Measure Sull NDIDATE ALLOT MEASURE NAME AND ADDRESS	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amendment No 000	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>22</u> of	327
Ar	mendment No 000	- (Expan 500	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/6/2003	Jose Venacio Balam Inglewood, CA 90304	Phon	eBank		\$184.70	\$950.09	0.0 .,
10/7/2003	Zacarias Baltazar Los Angeles, CA 90037	Votes	r Contact		\$127.43	\$127.43	
9/30/2003	Jose Banuelos Lynwood, CA 90262	Phon	eBank		\$263.89	\$498.43	

Expen	emental Independent diture Report t Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>)3		Page <u>23</u> of	327
	Amendment No 000	Amendment No 000		applicable: , Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	Æ-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CUI	ECK ONE
	CANDIDATE	Physical Physica	OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	pendent Expenditures Made A	1			ı	CUMULATIVE CALENDAR	TO DATE R YEAR
DATE 10/7/2003	Carlos Barajas		DESCRIPTION OF E	EXPENDITURE	\$23.33	(JAN.1 - DE	C.31)
10/1/2003	Los Angeles, CA 90026	7 000	Connect		Ψ23.33	4222.01	
10/7/2003	Carlos Barajas Los Angeles, CA 90026	Voter	Contact		\$199.48	\$222.81	
9/30/2003	Diana Barajas Los Angeles, CA 90045	Phone	eBank		\$383.82	\$924.67	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>24</u> of	327
Aı	mendment No 000		Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHI	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/6/2003	Diana Barajas		eBank	EXPENDITORE	\$221.31	(JAN.1 - DE	:0.31)
	Los Angeles, CA 90045						
10/7/2003	Jose Barajas Los Angeles, CA 90039	Voter	r Contact		\$199.48	\$199.48	
10/7/2003	Juventina Barajas Los Angeles, CA 90039	Voter	r Contact		\$323.08	\$323.08	

	ental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	
	ture Report ode Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	l 65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page 25 of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Namo o	f Candidate or Measure Sup	onartad or Onnasad					
NAME OF CA	<u>-</u>	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Erick Barocio Los Angeles, CA 90003	Vote	er Contact		\$23.33	\$213.10	
10/7/2003	Erick Barocio Los Angeles, CA 90003	Vote	er Contact		\$156.53	\$213.10	
10/7/2003	Erick Barocio Los Angeles, CA 90003	Vote	er Contact		\$33.24	\$213.10	

Supplemer Expenditur	ntal Independent re Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	ENDITURI
Government Code		to whole dollars.	from9/21/200	03		FORM 4	
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>26</u> of	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FAX/	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				0.00	
NAME OF CANDI	•	оролош от орросов	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3 Indopond	ent Expenditures Made A		intolulabalad aantinustinu	ah a ata			
-	-	1			AMOUNT	CUMULATIVE 1 CALENDAR	YEAR
DATE 9/30/2003	NAME AND ADDRE Shevaun Marie Barragan		DESCRIPTION OF neBank	EXPENDITURE	\$302.31	(JAN.1 - DE \$604.62	C.31)
	Monterey Park, CA 91755						
10/7/2003	Maribel Barrenechea El Monte, CA 91733	Vote	er Contact		\$23.33	\$256.05	
10/7/2003	Maribel Barrenechea El Monte, CA 91733	Vote	er Contact		\$232.72	\$256.05	
	Entone, Crivitas						

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>27</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHI	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR
9/30/2003	Jessie Barrios Glendale, CA 91205		eBank		\$416.26	\$964.46	
10/6/2003	Jessie Barrios Glendale, CA 91205	Phon	eBank		\$221.64	\$964.46	
10/7/2003	Jose Bastida Los Angeles, CA 90022	Votes	r Contact		\$232.72	\$232.72	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>28</u> of	327
A	mendment No 000	_	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Doaciana Bello		Contact	EXPENDITORE	\$166.15	(JAN.1 - DE \$166.15	(C.31)
	Los Angeles, CA 90011						
10/7/2003	Elisa Benavidez Los Angeles, CA 90005	Voter	Contact		\$405.43	\$405.43	
10/7/2003	Silvia Benito Los Angeles, CA 90042	Voter	Contact		\$327.84	\$327.84	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 29 of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PI	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - DI	TO DATE R YEAR
10/7/2003	Marco Bermejo Los Angeles, CA 90057		r Contact		\$199.48	\$199.48	-0.01)
10/7/2003	Maricela Bermudes Los Angeles, CA 90044	Voter	r Contact		\$156.53	\$156.53	
10/7/2003	Mundo Bernal Hollywood, CA 90038	Voter	r Contact		\$199.48	\$199.48	

Expend	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>30</u> of	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name (of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT L	E ADDI ICARI E		ECK ONE
NAIVIE OF C	ANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	AFFLICABLE	SUPPOI	KI OPPOSE
NAME OF B	SALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Ingrid Berrios Los Angeles, CA 90002		er Contact		\$220.01	\$220.01	0.01)
9/23/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Maile	er		\$75,000.00	\$320,989.33	
9/24/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Maile	er		\$154,115.69	\$320,989.33	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>31</u> of _	327
A	Amendment No 000	- (Expansion	Date of election (Month, Da	if applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of NAME OF CAN	Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	F APPLICABLE		CK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	aigns Walk	r Piece		\$5,600.00	\$320,989.33	,
	Perfect Image Printing Rancho Cordova, CA 95742	Walk	x Piece		\$.00	\$.00	
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	nigns Door	hanger		\$16,000.00	\$320,989.33	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITU		
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	003		Page <u>32</u> of _	327	
	Amendment No 000		Date of election (Month, Da	if applicable:		For Official Use	Only	
	Report No CM1		10/7/2003					
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)			
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER				
070557	4000000 (NO DO DO)		MAILING ADDR	ESS				
STREET	ADDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE	
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	of Candidate or Measure Sup	ported or Opposed				CHE	CK ONE	
NAME OF	CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE	
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Indep	endent Expenditures Made At	tach additional information on appropi	riately labeled continuation	n sheets.		CLIMILL ATIVE T	ODATE	
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR	
	BDC Printing Solutions Portland, OR 97214	Doo	orhanger		\$.00	\$.00	·	
0/07/2002	Will, D. H. Will, D. C.		1		\$70.072.c4	\$320.989.33		
9/27/2003	William Berry dba William Berry Campa Sacramento, CA 95814	igns Mai	ler		\$70,273.64	\$320,989.33		
	U.S. Postmaster Sacramento, CA 95814	Mai	ler		\$.00	\$.00		

Sunnlar	nental Independent		SUPPLEMENTAL INDEPENDENT EXPE					
Expend	iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/200		Date Stamp 1/12/2004	CALIFORNIA FORM	65	
EE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/2003</u>			Page <u>33</u> of	327	
	Amendment No 000		Date of election in (Month, Day	f applicable:		For Official Use		
	Report No CM1		10/7/2003					
. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	ommittee)			
COMMITTI	EE/FILER'S NAME		NAME OF TREA	SURER				
			MAILING ADDRE	SS				
STREET A	DDRESS (NO P.O. BOX)		WWW.LENTO ABBITE					
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	PE AREA CODE/PH	IONE	
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. Name	of Candidate or Measure Sup	ported or Opposed				CUE	CK ONE	
NAME OF C	•	реголи от оррогом	OFFICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICABLE	SUPPO	RT OPPOSE	
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION	I	SUPPO	RT OPPOSE	
. Indep	endent Expenditures Made Att	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	TO DATE	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR	
	Perfect Image Printing Rancho Cordova, CA 95742	Maile	r		\$.00	\$.00		
						1.00		
	Wyman Design Graphics Davis, CA 95612	Maile	er		\$.00	\$.00		
	U.S. Postmaster	Maile	er		\$.00	\$.00		
	Sacramento, CA 95814	Name	-			7.00		

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 1/12/2004	CALIFORN FORM	_	65
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page 34	of _32	.7
	Amendment No 000		Date of election i (Month, Day	f applicable:		For Offici	al Use Or	nly
	Report No CM1		10/7/2003					
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)			
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER				
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CO	ODE/PHON	IE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
. Name o	of Candidate or Measure Sup	ported or Opposed					CHEC	CONE
NAME OF C	-	Process of Phrone	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		SUPPORT	
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
. Indepe	endent Expenditures Made Att	ach additional information on appropri	ately labeled continuation	sheets.		CUMUL	ATIVE TO	DATE
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	l CAL	ENDAR YE N.1 - DEC.3	EAR
	BDC Printing Solutions Portland, OR 97214	Mail	er		\$.00	\$.00		
	Wyman Design Graphics Davis, CA 95612	Mail	er		\$.00	\$.00		
	Kramer's Metro Mail Portland, OR 97210	Mail	er		\$.00	\$.00		

Exper	emental Independent nditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTE	RUCTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page 35 of	327
	Amendment No 000	(,pain 500.	Date of election if applicable: (Month, Day, Year)			For Official Use	
	Report No CM1	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMM	IITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	ET ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	ne of Candidate or Measure Sup OF CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ECK ONE DRT OPPOSE
NAME (OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	DRT OPPOSE
3. Inde	ependent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE CALENDA	TO DATE
DAT			DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - D	EC.31)
	BDC Printing Solutions Portland, OR 97214	Maile	r		\$.00	\$.00	
	U.S. Postmaster Sacramento, CA 95814	Maile	r		\$.00	\$.00	
	Wyman Design Graphics Davis, CA 95612	Maile	r		\$.00	\$.00	

E	upplemental Independent xpenditure Report overnment Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 4		65	
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Belov	w) through <u>12/31/20</u>	003		Page <u>36</u>	of 32	:7	
	Ame	endment No 000		Date of election if applicable: (Month, Day, Year)			For Official			
		Report No CM1		10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)				
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER					
	STREET ADDRESS	S (NO P.O. BOX)		MAILING ADDR	ESS					
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA COD	E/PHON	NE .	
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS					
	Name of Candida	andidate or Measure Supp	oorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE	sı	CHECH	ONE OPPOSE	
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SL	JPPORT	OPPOSE	
3.	Independe	nt Expenditures Made Atta	ch additional information on appropria	ately labeled continuation	sheets.		CUMULAT	IVE TO	DATE	
	DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1	- DEC.3	31)	
		Kramer's Metro Mail Portland, OR 97210	Maile	er		\$.00	\$.00			
		U.S. Postmaster Sacramento, CA 95814	Maile	er		\$.00	\$.00			
		BDC Printing Solutions Portland, OR 97214	Maile	er		\$.00	\$.00			

Expe	lemental Independent nditure Report lent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		Date Stamp 1/12/2004	CALIFORNIA FORM	
SEE INST	RUCTIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>37</u>	of <u>327</u>
	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official	
	Report No CM1	_	10/7/2003				
1. Coı	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)	•	
COM	MITTEE/FILER'S NAME		NAME OF TREAS	SURER			
STRE	EET ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP C	ODE AREA COD	DE/PHONE
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2 Nan	ne of Candidate or Measure Su	nnorted or Onnosed					
	OF CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	LD AND DISTRICT, II	F APPLICABLE	s	CHECK ONE UPPORT OPPOSE
NAME	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		sı	UPPORT OPPOSE
3. Ind	ependent Expenditures Made A	attach additional information on appropriation	tely labeled continuation	sheets.		CUMULAT	EN/E TO DATE
DA	ATE NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CALE	TIVE TO DATE NDAR YEAR I - DEC.31)
	Kramer's Metro Mail Portland, OR 97210	Mailer			\$.00	\$.00	
	Wyman Design Graphics Davis, CA 95612	Mailer			\$.00	\$.00	
10/6/2003	Dilma Carolina Bojorquez Los Angeles, CA 90042	Voter	Contact		\$148.99	\$148.99	

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from9/21/2003		Date Stamp 1/12/2004	CALIFORNIA 46	
ONS ON REVERSE	Amendment (Explain Below	through 12/31/2003			Page 38 of 3	327
Amendment No 000	— (Explain 500)	Date of election if	f applicable:		For Official Use C	
Report No CM1	_	10/7/2003				
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
FILER'S NAME		NAME OF TREAS	SURER			
RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PHO	DNE
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Candidate or Measure Su	pported or Opposed				CHE	CK ONE
IDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	1			AMOUNT	CUMULATIVE TO CALENDAR	YEAR
Christopher Bolanos			EXPENDITURE	\$408.46	(JAN.1 - DEC \$906.08	5.31)
Los Angeles, CA 90047						
Christopher Bolanos Los Angeles, CA 90047		Bank \$204.40			\$906.08	
Noe Brachamontes Santa Ana, CA 92701	Phone	Bank		\$258.58	\$258.58	
	te Sections 84203.5) ONS ON REVERSE Amendment No Report No CM1 tee/Filer Information FILER'S NAME RESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Su IDIDATE LOT MEASURE NAME AND ADDRE Christopher Bolanos Los Angeles, CA 90047 Christopher Bolanos Los Angeles, CA 90047	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. ONS ON REVERSE Amendment No 000 Report No CM1 I.D. NUMBER (if recipient committee) RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE AX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed IDIDATE LOT MEASURE LOT MEASURE Christopher Bolanos Los Angeles, CA 90047 Christopher Bolanos Los Angeles, CA 90047 Noe Brachamontes Phone	Amounts may be rounded to whole dollars. In part of sections 84203.5) ONS ON REVERSE Amendment No OND Report No CM1 I.D. NUMBER (if recipient committee) Treasure MAILING ADDRE RESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE CITY AX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed IDIDATE LOT MEASURE LOT MEASURE NAME AND ADDRESS OF PAYEE DESCRIPTION OF E Christopher Bolanos Los Angeles, CA 90047 Noe Brachamontes PhoneBank PhoneBank PhoneBank PhoneBank	Amounts may be rounded to whole dollars. Sections 84203.5 Amendment (Explain Below)	Type or print in ink. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Through 12/31/2003 D	Amounts may be rounded to whole dollars. To sections 84203.5) Amounts may be rounded to whole dollars. To Sections 84203.5) Date of election if applicable: (Month, Day, Year) Report No MI Report No MI LD NUMBER (if recipient committies) TO STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE TO STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE TO STATE ZIP CODE AREA CODE/PHONE AXXEMALL ADDRESS CANDIdate or Measure Supported or Opposed CALIFORNIA 2 Page 38 of 2 For Official Use C (Month, Day, Year) For Official Use C (

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers period from9/21/2003		CALIFORNIA FORM	
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>39</u> of	327
A	mendment No 000	- Capanisa	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CIII	ECK ONE
NAME OF CANE		Proceedings of the control of the co	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	ttach additional information on appropr	 iately labeled continuation	sheets.		CUMULATIVE CALENDAF	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Julia Brito Los Angeles, CA 90063	VOIC	er Contact		\$232.72	\$232.72	
9/23/2003	CA State Council of Service Employees Sacramento, CA 95814	COPE Phoi	nebank		\$536.70	\$3,034.42	
9/21/2003	CA State Council of Service Employees Sacramento, CA 95814	COPE Web	osite Development		\$127.27	\$3,034.42	

	mental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXPE	NDITURI
Expend Government	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Bel	Below) through <u>12/31/2003</u>			Page <u>40</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name	of Candidate or Maasura Sur	anartad or Opposed					
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
9/27/2003	CA State Council of Service Employees C Sacramento, CA 95814	COPE Vote	er Contact		\$223.63	\$3,034.42	
9/30/2003	Angela Caballero Inglewood, CA 90303	Pho	neBank		\$445.85	\$851.86	
10/6/2003	Angela Caballero Inglewood, CA 90303	Pho	neBank		\$221.31	\$851.86	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 41 of	327
	Amendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Su	pported or Opposed					ECK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE	SUPPO	RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	pendent Expenditures Made A				l Mount	CUMULATIVE CALENDAR	TO DATE R YEAR
9/30/2003	Mayra Cabrera		DESCRIPTION OF eBank	EXPENDITURE	\$204.40	(JAN.1 - DE	C.31)
	Los Angeles, CA 90016						
10/6/2003	Mayra Cabrera Los Angeles, CA 90016			Bank \$204		\$408.80	
10/7/2003	Lidia Cajas Los Angeles, CA 90017	Voter	r Contact		\$166.23	\$199.47	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below) through <u>12/31/2003</u>			Page <u>42</u> of	327
Aı	mendment No 000	- (Explain 5515)	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	oported or Opposed				CHE	ECK ONE
NAME OF CAND	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Lidia Cajas Los Angeles, CA 90017		Contact		\$33.24	\$199.47	.0.01)
10/7/2003	Christian Calderon Los Angeles, CA 90026 Voter Co		Contact	Contact		\$196.26	
10/7/2003	Silvia Calderon Los Angeles, CA 90004	Voter	Contact		\$327.84	\$327.84	

Page 43 of 327 For Official Use Only DE AREA CODE/PHONE CHECK ONE SUPPORT OPPOS
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CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
\$1,343.53
\$930.33
\$930.33
\$930.33
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Expenditu	applemental Independent spenditure Report vernment Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
•	,	to whole dollars.	from ^{9/21/200}	3			
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>44</u> of	327
An	nendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	Only
	Report No CM1		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FII	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	lent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Felipe Calzada Los Angeles, CA 90028	Vote	r Contact		\$73.88	\$930.33	
10/7/2003	Fabiola Campos Los Angeles, CA 90001	Vote	r Contact		\$272.96	\$272.96	
10/6/2003	Carolina Canchola Los Angeles, CA 90017	Phon	neBank		\$234.54	\$234.54	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from9/21/2003		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>45</u> of	327
Aı	mendment No 000	- (Explain 5515)	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				CUI	ECK ONE
NAME OF CAND	•	Art and a spiral and	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	FAPPLICABLE		RT OPPOSE
NAME OF BALL	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE - CALENDAR	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Angelica Cano Los Angeles, CA 90011	Voter	Contact		\$332.46	\$332.46	
10/7/2003	Veronica Cano Los Angeles, CA 90005 Voter Co		Contact		\$316.14	\$316.14	
9/30/2003	Consuelo Canul Los Angeles, CA 90047	Phone	eBank		\$436.90	\$641.30	

Supplement Expenditure Government Code So		eport Amounts may be rounded		s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 465	
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	(bw) through 12/31/20	003		Page <u>46</u> of <u>3</u>	27
Ame	endment No 000		Date of election i	f applicable:		For Official Use C	
	Report No CM1		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHC	NE
OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDIDA	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	nt Expenditures Made Att	ach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/6/2003	Consuelo Canul Los Angeles, CA 90047	Phor	neBank		\$204.40	\$641.30	
9/25/2003	Cardenas Communications, Inc. South Pasadena, CA 91030	Tele	vision Ad		\$181,669.76	\$239,816.08	
	KMEX Los Angeles, CA 90045	Tele	vision Ad		\$.00	\$.00	

Expen	emental Independent Iditure Report Int Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	465
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below				Page <u>47</u> o	f <u>327</u>
	Amendment No 000	- (Explain 5010)	Date of election in (Month, Day	f applicable:		For Official Us	
	Report No CM1	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/I	PHONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		HECK ONE
NAME C	DF BALLOT MEASURE		BALLOT NO./LETTER		SUPF	PORT OPPOSE	
3. Inde	ependent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVI CALEND,	E TO DATE AR YEAR
DAI	KFTR Los Angeles, CA 90045		ision Ad	-XI ENDITORE	\$.00	\$.00	JEC.31)
	KVEA Burbank, CA 91523				\$.00	\$.00	
	KWHY Burbank, CA 91523	Televi	ision Ad		\$.00	\$.00	

E>	upplemental Independent xpenditure Report overnment Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.		rs period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM		
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>			Page <u>48</u>	of <u>32</u>	7
	Ame	endment No 000	- (<u>-</u> / (Date of election (Month, Da	if applicable:		For Official L		
		Report No CM1	-	10/7/2003					
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)			
	COMMITTEE/FILE	R'S NAME		NAME OF TREA	ASURER				
	STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE	PHON	IE
	OPTIONAL: FAX/E	-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS				
	Name of Candida	andidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		CHEC	ONE OPPOSE
	NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		sui	PPORT	OPPOSE
3.	-	nt Expenditures Made At	1			AMOUNT	CUMULATI CALENI	VE TO DAR YE	DATE EAR
	DATE	NAME AND ADDRES		DESCRIPTION OF vision Ad	EXPENDITURE	\$.00	\$.00	- DEC.3	31)
		Burbank, CA 91504							
		KDTV San Francisco, CA 94105-2240	Telev	vision Ad		\$.00	\$.00		
		KFSF San Francisco, CA 94105-2240	Telev	vision Ad		\$.00	\$.00		

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNI FORM		55
EE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>49</u>	of 327	7
	Amendment No 000	<u> </u>	Date of election i (Month, Day	f applicable:		_	al Use Onl	
	Report No CM1		10/7/2003					
. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)			
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER				
OTDEET A	DDDFCC (NO D.O. DOV)		MAILING ADDRE	ESS				
SIREELAL	DDRESS (NO P.O. BOX)							
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CO	DDE/PHONI	E
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
2. Name o	of Candidate or Measure Sup	ported or Opposed					CHECK	ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		SUPPORT	OPPOSE
NAME OF D	ALLOT MEACURE		DALLOT NO # ETTER	I I I DIODIOTION				
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
Indone	endent Expenditures Made Att	and additional information of a second		-1				
-	- -				1	CUMUL CAL	ATIVE TO DE	DATE AR
DATE	NAME AND ADDRES KSTS		DESCRIPTION OF Vision Ad	EXPENDITURE	\$.00	\$.00	N.1 - DEC.3	1)
	San Jose, CA 95131				1111	1,1,1		
	Vison Publicidad Sherman Oaks, CA 91423	Telev	vision Ad		\$.00	\$.00		
0/25/2003	Cardenas Communications, Inc.	Radio	2 Ad		\$58,146.32	\$239,816.08		
112312003	South Pasadena, CA 91030	Radio	J AU		φ30,140.32	φ233,010.00		

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	
EE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	03		Page <u>50</u>	of 327
4	Amendment No 000		Date of election if (Month, Day	applicable:		_	al Use Only
	Report No CM1		10/7/2003				
. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET ADD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CO	DDE/PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	ported or Opposed					CHECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE	,	SUPPORT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT OPPOSE
NAME OF BAL	LEGT MEAGURE		BALLOT NO./LETTER	JUNISDICTION			SUFFORT OFFOSE
. Indeper	ndent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.			
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULA CALE (JAN	ATIVE TO DATE ENDAR YEAR .1 - DEC.31)
	KLVE Glendale, CA 91023	Radio	Ad		\$.00	\$.00	·
	KRCD/KRCV/KTNQ	Radio	A d		\$.00	\$.00	
	Glendale, CA 91023	Kauio	Au		\$.00	\$.00	
	KSCA Glendale, CA 91203	Radio	Ad		\$.00	\$.00	
	,						

Supplemental Independent					SUPPLEMENTA	AL INDEPENDENT EXP	ENDITURE
Expendi	iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/200	-	Date Stamp 1/12/2004	CALIFORNIA FORM	65
EE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>51</u> of _	327
	Amendment No 000		Date of election in (Month, Day	f applicable:		For Official Use 0	
	Report No CM1		10/7/2003				
. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient co	mmittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	SS			
STREET A	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRES	S		
2. Name	of Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRIC	T, IF APPLICABLE	SUPPOR	OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	endent Expenditures Made Att	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T	ODATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR
	KXOL Los Angeles, CA 90064	Radio) Ad		\$.00	\$.00	
	KLAX Los Angeles, CA 90064	Radio) Ad		\$.00	\$.00	
	KZAB Los Angeles, CA 90064	Radio) Ad		\$.00	\$.00	

Sı	upplement	tal Independent	Type or print in inle	_	Ponert covers	noriod	D. (SUPPLEMENTAL			NDITURI
E	xpenditure overnment Code Se	e Report	Type or print in ink. Amounts may be rounded to whole dollars.		Report covers from $\frac{9/21/2000}{}$	-		Stamp /2004	CALIFORNI FORM	4	65
SEE	E INSTRUCTIONS	ON REVERSE	Amendment (Explain Belo	ow)	through	03			Page <u>52</u>	_ of <u>32</u>	27
	Ame	endment No 000			Date of election if (Month, Day	f applicable:			For Officia		
		Report No CM1			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee)		Treasurer	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREAS	SURER					
		. (10 5 0 50)			MAILING ADDRE	ESS					
	STREET ADDRESS	S (NO P.O. BOX)									
	CITY	STATE 2	ZIP CODE AREA CODE/PHONE		CITY			STATE ZIP COD	E AREA CO	DE/PHON	NE
	OPTIONAL: FAX/E	-MAIL ADDRESS			OPTIONAL: FAX	/E-MAIL ADDRE	SS				
2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFF	ICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICA	ABLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BALI	LOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropri	iately la	beled continuation	sheets.			CUMUL	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALI	ENDAR Y I.1 - DEC.	EAR
		KBUA/KBUE Burbank, CA 91504	Radi	io Ad				\$.00	\$.00		
		KHJ/KWIZ	Radi	io Ad				\$.00	\$.00		
		Burbank, CA 91504									
		KWIZ Burbank, CA 91504	Radi	io Ad				\$.00	\$.00		

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page _53 of	327
Ar	mendment No 000		Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nmittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREAS	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of CAND	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		ECK ONE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made Att	ach additional information on appropriat	tely labeled continuation	sheets.		CUMULATIVE 3	
DATE	NAME AND ADDRES	S OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR C.31)
	KBLA Los Angeles, CA 90012	Radio	Ad		\$.00	\$.00	
	KSSC/KSSD Los Angeles, CA 90010	Radio	Ad		\$.00	\$.00	
	KLYY Los Angeles, CA 90010	Radio	Ad		\$.00	\$.00	

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E>	xpenditure overnment Code So	e Report	Amounts may be rounded to whole dollars.		from	-	1/12/	Stamp 2004	CALIFORNI. FORM	^A 4	65
SEE	E INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	ow)	through 12/31/200	03			Page <u>54</u>	_ of <u>32</u>	27
	Ame	endment No 000		,	Date of election if (Month, Day	f applicable:			For Officia		
		Report No CM1			10/7/2003						
1.	Committee	e/Filer Information	I.D. NUMBER (if recipient committee))	Treasurer	(If recipient o	ommittee)				
	COMMITTEE/FILE	R'S NAME			NAME OF TREAS	SURER					
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2.	Name of Ca	andidate or Measure Supp	orted or Opposed							CHEC	K ONE
	NAME OF CANDIDA	ATE		OFF	FICE SOUGHT OR HE	ELD AND DISTRI	CT, IF APPLICA	BLE		SUPPORT	OPPOSE
	NAME OF BALLOT	MEASURE		BAL	LOT NO./LETTER	JURISDICTION	N			SUPPORT	OPPOSE
3.	Independe	nt Expenditures Made Attac	ch additional information on appropri	riately la	abeled continuation	sheets.			CUMUL 4	ATIVE TO	DATE
	DATE	NAME AND ADDRESS	OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALE	NDAR Y	EAR
		KWKW Los Angeles, CA 90068	Radi	io Ad				\$.00	\$.00		
		KSOL/KSQL	Radi	io Ad				\$.00	\$.00		
		San Francisco, CA 94111									
		KEMR San Francisco, CA 94111	Radi	io Ad				\$.00	\$.00		

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers	•	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNI FORM		55
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>55</u>	of 327	7
	Amendment No 000		Date of election i (Month, Day	f applicable:		For Official Use		
	Report No CM1		10/7/2003					
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)			
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NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPORT	OPPOSE
. Indepe	endent Expenditures Made Att	tach additional information on appropri	iately labeled continuation	sheets.		CUMUU	ATIVE TO E	DATE
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	KBRG/KLOK Campbell, CA 95008	Radi	io Ad		\$.00	\$.00		
	KIQI	Radi	io Ad		\$.00	\$.00		
	San Francisco, CA 94107							
.0/7/2003	Hermes Cardenas Hollywood, CA 90028	Vote	er Contact		\$23.33	\$189.56		

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SEE INSTRUCTIO		327					
A	mendment No 000	-	Date of election	if applicable:			
	Amendment No 000						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
•		1	•		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
10/7/2003	Hermes Cardenas						20.01)
10/7/2003		Votes	r Contact		\$23.33	\$189.56	
10/7/2003	Marisol Cardenas Los Angeles, CA 90002	Vote	r Contact		\$166.23	\$189.56	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	Amounts may be rounded to whole dollars. NSTRUCTIONS ON REVERSE Amendment (Explain Ballow) Amendment No 000 Date of election if applicable: (Month, Day, Year) Date of election if applicable: (Month, Day, Year) Page 57 of For Official Use of Month, Day, Year)	327					
	Amendment No 000	-	Date of election i	f applicable:			
	Amendment No OOO Report No CM1 Ommittee/Filer Information MMITTEE/FILER'S NAME REET ADDRESS (NO P.O. BOX) TY STATE ZIP CODE AREA CODE/F PTIONAL: FAX/E-MAIL ADDRESS Ame of Candidate or Measure Supported or Oppose ME OF CANDIDATE ME OF BALLOT MEASURE Idependent Expenditures Made Attach additional information on DATE NAME AND ADDRESS OF PAYEE	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
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-	· ·	1			AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003		Votes	Contact		\$23.33	\$346.41	
10/7/2003	Emilia Carrasco Los Angeles, CA 90033	Voter	Contact		\$323.08	\$346.41	
9/30/2003	Abel Castaneda South Gate, CA 90280	Phone	eBank		\$408.46	\$906.09	

Suppleme Expenditu	ntal Independent	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	Sections 84203.5)	to whole dollars.	from9/21/200)3	1, 12, 200 .	FORM 4	·05
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>58</u> of	327
Ar	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
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NAME OF CAND		pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	lent Expenditures Made A	attach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Abel Castaneda South Gate, CA 90280	Phor	neBank		\$204.40	\$906.09	
10/7/2003	Maria Castellanos Los Angeles, CA 90020	Vote	er Contact		\$23.33	\$256.05	
10/7/2003	Maria Castellanos Los Angeles, CA 90020	Vote	er Contact		\$232.72	\$256.05	
	<i>g</i> ,						

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	's period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	165
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM	ГОО
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>59</u> of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
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2. Name (of Candidate or Measure Sur	oported or Opposed					50K 0N5
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NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
2 Indone	andent Evnendituree Mede .						
-	endent Expenditures Made A	1			1	CUMULATIVE CALENDA	
DATE 10/7/2003	NAME AND ADDRE Vilma Castellon		DESCRIPTION OF	EXPENDITURE	\$290.98	(JAN.1 - D	EC.31)
	Los Angeles, CA 90028						
10/7/2003	Cecilia Castillo Hawthorne, CA 90250	Votes	Contact		\$323.08	\$323.08	
	,,,						
10/7/2002	Cl. : C. :'Il				\$220 t t	#220.14	
10/7/2003	Gloria Castillo Los Angeles, CA 90044	Voter	r Contact		\$329.14	\$329.14	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>60</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
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	of Candidate or Measure Sup	phorted or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT.	F APPLICABLE		CK ONE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
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DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Armando Castro Los Angeles, CA 90063	Vote	r Contact		\$23.33	\$123.07	
10/7/2003	Armando Castro Los Angeles, CA 90063	Vote	r Contact		\$99.74	\$123.07	
10/6/2003	Vickie Cavarlez Los Angeles, CA 90020	Vote	r Contact		\$171.82	\$171.82	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	9/21/2003 election if applicable: Month, Day, Year) Basurer (If recipient committee) E OF TREASURER ING ADDRESS STATE ZIP CODE AREA COMMITTEE GHT OR HELD AND DISTRICT, IF APPLICABLE JURISDICTION CALIFORN FORM Page 61 For Officiant For	Page 61 of	327	
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	to whole dollars. FOR 9/21/2003					
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
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NAME OF CANI	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independent	_	1			AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
9/30/2003	Rudy Centeno Los Angeles, CA 90018			EXPENDITORE		(JAN.1 - Di \$684.46	EG.31)
9/29/2003	Byron Charlton Los Angeles, CA 90020	Votes	r Contact		\$103.13	\$103.13	
10/7/2003	Ruth Chavez North Hollywood, CA 91605	Votes	r Contact		\$184.50	\$217.74	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	65
SEE INSTRUC	CTIONS ON REVERSE	Report Amounts may be rounded to whole dollars. Amounts may be rounded from 9/21/20/03 Date of election if applicable: (Month, Day, Year) 10/7/20/03 Teasurer (#recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAXE-MAIL ADDRESS OPTIONAL: FAXE-MAIL ADDRESS Total address of Measure Supported or Opposed E OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE EASURE BALLOT NO/LETTER JURISDICTION It Expenditures Made Attach additional information on appropriately labeled continuation sheets. NAME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE AMOUNT Statistic Chaves when the followood, CA 91605 PhoneBank \$243.62 \$345.9 Domaid Chavira PhoneBank \$243.62 \$345.9	Page <u>62</u> of	327			
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
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	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT. I	F APPLICABLE		CK ONE
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NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indep	endent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	
DATE				EXPENDITURE		(JAN.1 - DE	
10/7/2003	Ruth Chavez North Hollywood, CA 91605	Vote	er Contact		\$33.24	\$217.74	
9/30/2003	Ana Chavira Lynwood, CA 90262	Phoi	neBank		\$243.62	\$545.93	
9/30/2003	Conrad Chavira Lynwood, CA 90262	Pho	neBank		\$243.62	\$545.93	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003	TALIFORNIA FORM Page 63 For Officia STATE ZIP CODE AREA CO SS CT, IF APPLICABLE CUMULA CALE	Page 63 of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
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1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
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NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/7/2003	Maria Cielo Los Angeles, CA 90011	Vote	r Contact		\$317.21	\$317.21	
9/30/2003	Belinda Cisneros Paloma, CA 91331	Phon	eBank		\$408.46	\$690.45	
10/6/2003	Belinda Cisneros Paloma, CA 91331	Phon	eBank		\$173.59	\$690.45	

		Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
		Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM	 65
SEE INSTRUCTIO	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No	Page <u>64</u> of	327				
An	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE				EXPENDITURE		(JAN.1 - DE	
10/7/2003		Vote	er Contact		\$23.33	\$243.34	
10/7/2003		Vote	er Contact		\$220.01	\$243.34	
10/7/2003		Vote	er Contact		\$33.24	\$297.82	
	Los Aligeres, CA 90020						

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003	Trecipient committee) STATE ZIP CODE AREA AIL ADDRESS AND DISTRICT, IF APPLICABLE RISDICTION ets. CALIFORI FORM Page 65 For Offi CALIFORI FORM Page 65 For Offi CALIFORI FORM Page 65 For Offi CALIFORI FORM Page 65 For Offi Page 65 Fo	Page <u>65</u> of _	327
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1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
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3. Independ	lent Expenditures Made A	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Carlos Colindres Los Angeles, CA 90026						<u></u>
10/7/2003	Silvia Gonzalez de Conde Los Angeles, CA 90018	Voter	Contact		\$132.98	\$132.98	
10/7/2003	Maria Consuelo Los Angeles, CA 90033	Voter	Contact		\$166.23	\$166.23	

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SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	003	TALIFORM Page 66 For Offi STATE ZIP CODE AREA (ESS RICT, IF APPLICABLE	Page ⁶⁶ of	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	
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1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDII	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
•	ent Expenditures Made At	1	•		AMOUNT	CUMULATIVE T	O DATE
DATE 9/30/2003	NAME AND ADDRES Servando Contreras		eBank	EXPENDITURE		(JAN.1 - DE	C.31)
	Los Angeles, CA 90029						
10/6/2003	Servando Contreras Los Angeles, CA 90029	Phon	eBank		\$221.64	\$1,013.20	
10/7/2003	Roberto Cordova Southgate, CA 90280	Votes	r Contact		\$132.98	\$132.98	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through 12/31/20	003	T, IF APPLICABLE CALIFORNI FORM Page 67 For Officia STATE ZIP CODE AREA CO CUMULA CALE CALIFORNI FORM Page 67 For Officia	Page 67 of	327
Am	endment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003	from			
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CANDID	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independe	ent Expenditures Made A	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Sonia Cordova Southgate, CA 90280		er Contact				0.01)
10/7/2003	Sonia Cordova Southgate, CA 90280	Vote	er Contact		\$66.49	\$231.69	
9/30/2003	Vilma Cordova Compton, CA 90220	Phon	neBank		\$467.39	\$1,021.49	

Expenditur		Type or print in ink. Amounts may be rounded			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
Government Code S	Sections 84203.5)	to whole dollars.	from9/21/200	93		TOKW	
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	Amendment (Explain Below) Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) NAME OF TREASURER	Page <u>68</u> of _	327		
Am	endment No 000		Date of election i	f applicable:		For Official Use (Only
	Report No CM1		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CANDI	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE		CALENDAR (JAN.1 - DEC	
10/6/2003	Vilma Cordova Compton, CA 90220	Phor	neBank		\$221.64	\$1,021.49	
10/7/2003	Miguel Corona Los Angeles, CA 90031	Vote	er Contact		\$23.33	\$326.77	
10/7/2003	Miguel Corona Los Angeles, CA 90031	Vote	er Contact		\$303.44	\$326.77	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003	T, IF APPLICABLE CALIFORI FORM Page 69 For Office STATE ZIP CODE AREA CO	Page 69 of	327
A	mendment No 000	— (Explain 5515)	Date of election	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003	Tt covers period 9/21/2003 12/31/2003 Pate Stamp 1/12/2004 Pate			
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN		Photograph and a photog	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1			AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Ana Cortes North Hills, CA 91343	Voter	Contact		\$203.24	\$203.24	·
10/7/2003	Maria Cortez Los Angeles, CA 90018	Voter	Contact		\$23.33	\$322.70	
10/7/2003	Maria Cortez Los Angeles, CA 90018	Voter	Contact		\$299.37	\$322.70	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	diture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	. 05
SEE INSTRU	ICTIONS ON REVERSE	Amounts may be rounded to whole dollars. EVERSE	Page <u>70</u> of	327			
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sur	pnorted or Opposed					
	CANDIDATE	pportou or opposou	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
) les el e u	andont Francistrus Mada						
_	- -	1			ı	CUMULATIVE 1 CALENDAR	
DATE 10/7/2003	NAME AND ADDRE Norma Cortez			EXPENDITURE		(JAN.1 - DE	C.31)
	Long Beach, CA 90813						
10/7/2003	Reina Cortez Los Angeles, CA 90011	Votes	r Contact		\$23.33	\$351.17	
	<i>g</i> · · · , · · · · · ·						
10/7/2003	Reina Cortez	Votes	r Contact		\$327.84	\$351.17	
10/1/2003	Los Angeles, CA 90011	York	. Comuci		φ327.0T	4551.1	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003	TALIFORM Page 71 For Offi STATE ZIP CODE AREA OF THE PROPERTY OF THE PROPER	Page _71 of _	327
A	mendment No 000	- (Explain 25.5)	Date of election	if applicable:		For Official Use	
	Report No CM1	-	Second covers period Date Stamp 1/12/2004 Page 7				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	·Contact		\$23.33	\$256.04	·
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	· Contact		\$132.98	\$256.04	
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	Contact		\$66.49	\$256.04	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003	Inplicable: ear) Inplicable: ear) If recipient committee) RER STATE ZIP CODE AREA OF AND DISTRICT, IF APPLICABLE JRISDICTION Dets. CALIFORM FORM Page 72 For Office For Office CALIFORM Page 72 For Office Page 72 For Office CALIFORM Page 72 For Office P	Page of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	r print in ink. may be rounded lie dollars. Report covers period from 9/21/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name o	of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CA			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Silvia Cortez Los Angeles, CA 90019	Voter	Contact		\$33.24	\$256.04	
10/7/2003	Ausencio Cruz Los Angeles, CA 90038	Voter	Contact		\$23.33	\$314.31	
10/7/2003	Ausencio Cruz Los Angeles, CA 90038	Voter	Contact		\$290.98	\$314.31	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2000		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	165
EE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>73</u> of	327
	Amendment No 000	nt No		f applicable: v, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
OTD 557 A	222522 (10.2.2.2.2.2.2)		MAILING ADDRE	ESS			
SIREELA	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	ported or Opposed		CLD AND DIOTRIOT II	ADDITIOADI		ECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	APPLICABLE	SUPPO	ORT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
9/30/2003	Belem Cruz Los Angeles, CA 90016	Phone	Bank		\$471.16	\$1,039.77	
0/6/2003	Belem Cruz Los Angeles, CA 90016	Phone	Bank		\$234.02	\$1,039.77	
0/7/2003	Belem Cruz Los Angeles, CA 90016	Voter	Contact		\$23.20	\$1,039.77	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>74</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	OPPOSE
3. Independ	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE CALENDAI	TO DATE R YEAR
10/7/2003	Constantino Cruz		er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE	:C.31)
	Los Angeles, CA 90038						
10/7/2003	Constantino Cruz Los Angeles, CA 90038	Vote	er Contact		\$316.14	\$339.47	
10/7/2003	Domenica Cruz Huntington Park, CA 90001	Vote	er Contact		\$281.34	\$281.34	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from 9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	3		Page _75 of	327
4	Amendment No 000	- (<u>Explain 5000</u>	Date of election if (Month, Day,	applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRES	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/I	E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	pported or Opposed				CHE	ECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HEI	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation s		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Eddie Cruz Los Angeles, CA 90005	Voter	Contact		\$323.14	\$323.14	- · ,
10/7/2003	Federico Cruz Los Angeles, CA 90038	Voter	Contact		\$23.33	\$369.87	
10/7/2003	Federico Cruz Los Angeles, CA 90038	Voter	Contact		\$316.14	\$369.87	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page <u>76</u> of	327
Aı	mendment No 000	- (2.7.1.0.1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				СН	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		ORT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
10/6/2003	Federico Cruz		r Contact	EXPENDITURE	\$30.40	(JAN.1 - DI	EC.31)
	Los Angeles, CA 90038						
10/7/2003	Marbella Cruz Los Angeles, CA 90005	Voter	r Contact		\$264.58	\$297.82	
10/7/2003	Marbella Cruz Los Angeles, CA 90005	Voter	r Contact		\$33.24	\$297.82	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 77 of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTER	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CA		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
DATE	ndent Expenditures Made A	ESS OF PAYEE	DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Maria Cruz Los Angeles, CA 90004	Voter	Contact		\$23.33	\$304.67	
10/7/2003	Maria Cruz Los Angeles, CA 90004	Voter	Contact		\$281.34	\$304.67	
10/7/2003	Miguel Cruz Los Angeles, CA 90057	Voter	Contact		\$323.14	\$323.14	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>78</u> of _	327
Ar	nendment No 000	- (2.4p.cm. 25.6)	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Olga Marina Cruz Los Angeles, CA 90007		r Contact		\$23.33	\$314.31	0.01)
10/7/2003	Olga Marina Cruz Los Angeles, CA 90007	Voter	r Contact		\$290.98	\$314.31	
10/7/2003	Silvia Cruz Los Angeles, CA 90029	Voter	r Contact		\$303.44	\$303.44	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page _79 of _	327
Am	endment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANDID			OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLOT	Γ MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independe	ent Expenditures Made A	ttach additional information on appropri	ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Luciana Cuellar		er Contact	EXPENDITORE	\$316.14	(JAN.1 - DE	U.31)
	Los Angeles, CA 90006						
9/30/2003	Justo Cuevas Los Angeles, CA 90057	Phor	neBank		\$461.10	\$1,013.20	
10/6/2003	Justo Cuevas Los Angeles, CA 90057	Phon	neBank		\$221.64	\$1,013.20	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>80</u> of	327
A	mendment No 000	_	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	Itely labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Sara Davila Los Angeles, CA 90057	Voter	Contact		\$23.33	\$278.05	
10/7/2003	Sara Davila Los Angeles, CA 90057	Voter	Contact		\$254.72	\$278.05	
10/7/2003	Angelica De Anda Downey, CA 90242	Voter	Contact		\$310.29	\$310.29	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>81</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/Pŀ	HONE
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NAME OF B	SALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDA	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Francisco De Anda Downey, CA 90242	Vote	er Contact		\$23.33	\$333.62	
10/7/2003	Francisco De Anda Downey, CA 90242	Vote	er Contact		\$310.29	\$333.62	
10/7/2003	Olivia De La Cruz Los Angeles, CA 90012	Vote	er Contact		\$23.33	\$189.56	

	nental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 2	l 65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>82</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2 Namo (of Candidate or Measure Sup	anartad or Onnosad					
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NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Olivia De La Cruz Los Angeles, CA 90012	Vote	r Contact		\$166.23	\$189.56	
10/7/2003	Sergio De Leon Los Angeles, CA 90044	Vote	r Contact		\$166.23	\$199.47	
10/7/2003	Sergio De Leon Los Angeles, CA 90044	Vote	r Contact		\$33.24	\$199.47	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP	ENDITURI
	diture Report c Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	JCTIONS ON REVERSE	☐ Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page _83 of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	ASURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sur	pported or Opposed					
	CANDIDATE	pportou or opposou	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
2 Indon	andent Evnenditures Made .						
_	pendent Expenditures Made A	1			1	CUMULATIVE 1 CALENDAR	
DATE 10/7/2003	NAME AND ADDRE Blanca Delgado		DESCRIPTION OF or Contact	EXPENDITURE	\$199.48	(JAN.1 - DE \$199.48	C.31)
	North Hollywood, CA 91606						
10/7/2003	Esmeralda Delgado Pasadena, CA 91104	Vote	er Contact		\$23.33	\$339.47	
10/7/2003	Esmeralda Delgado	Vota	er Contact		\$316.14	\$339.47	
10/1/2003	Pasadena, CA 91104	Vote	a Contact		φ510.14	ψυυν.τι	

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Government Code		to whole dollars.	from9/21/200	3		FORM 4	CU
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>84</u> of	327
An	nendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
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NAME OF CANDI	<u>-</u>	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	lent Expenditures Made At	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Victoria Delgado Los Angeles, CA 90026	Vote	er Contact		\$23.33	\$287.91	
10/7/2003	Victoria Delgado Los Angeles, CA 90026	Vote	er Contact		\$264.58	\$287.91	
10/7/2003	Alicia Diaz Van Nuys, CA 91405	Vote	er Contact		\$122.66	\$122.66	
	van ivuys, CA 91403						

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>85</u> of	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
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2. Name of	Candidate or Measure Su	oported or Opposed				O.U.	-01/ ONE
NAME OF CAN			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
DATE	ndent Expenditures Made A	SS OF PAYEE	DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/7/2003	Ana Diaz Los Angeles, CA 90044	Voter	Contact		\$23.33	\$690.88	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Voter	Contact		\$225.90	\$690.88	
10/7/2003	Ana Diaz Los Angeles, CA 90044	Voter	Contact		\$441.65	\$690.88	

	ental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	ode Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>86</u> of	327
	Amendment No 000			if applicable: y, Year)		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE	E/FILER'S NAME	I	NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2 Name o	f Candidate or Measure Sur	anorted or Onnosed					
NAME OF CA	•	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Dora Alicia Diaz Los Angeles, CA 90004	Vote	er Contact		\$161.84	\$161.84	
9/30/2003	Luisa Diaz Arleta, CA 91331	Phon	neBank		\$379.92	\$877.54	
10/6/2003	Luisa Diaz Arleta, CA 91331	Phon	neBank		\$204.40	\$877.54	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>87</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/6/2003	Rogelio Diaz Los Angeles, CA 90042	Phone	eBank		\$234.54	\$234.54	
10/7/2003	Sonia Diaz Los Angeles, CA 90044	Voter	Contact		\$323.14	\$323.14	
10/7/2003	Sonia Diaz Los Angeles, CA 90003	Voter	Contact		\$156.53	\$156.53	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>88</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
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NAME OF BALL	OT MEACHDE		BALLOT NO./LETTER	JURISDICTION		SURDO	RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JUNISDICTION		SUPPO	KI OFFOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE CALENDAR	TO DATE
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
9/30/2003	Victor Diaz Los Angeles, CA 90063	Phon	eBank		\$496.54	\$1,086.41	
10/6/2003	Victor Diaz Los Angeles, CA 90063	Phon	neBank		\$240.11	\$1,086.41	
10/7/2003	Victor Diaz Los Angeles, CA 90063	Vote	r Contact		\$23.20	\$1,086.41	

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	03		Page <u>89</u> o	s 327
	Amendment No 000	- (Expan) 300.	Date of election if (Month, Day	applicable:		For Official Us	
	Report No CM1	-	10/7/2003				
. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/F	PHONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name c	of Candidate or Measure Sup	ported or Opposed				CI	HECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropria	itely labeled continuation	sheets.		OLIMALII ATIV	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - E	AR YEAR DEC.31)
0/30/2003	Mynor Dixon Los Angeles, CA 90047	Phone	Bank		\$379.92	\$832.06	
0/6/2003	Mynor Dixon Los Angeles, CA 90047	Phone	eBank		\$173.59	\$832.06	
0/7/2003	Lucia Dominguez Los Angeles, CA 90006	Voter	Contact		\$23.33	\$219.59	

Supple	emental Independent	Type or print in ink	Panart acus	s pariod		AL INDEPENDENT EXF	PENDITURI
Expend	diture Report t Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/200		Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 90 of	327
	Amendment No 000	`		if applicable: y, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/Pŀ	HONE
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2. Name	e of Candidate or Measure Sup	pported or Opposed					
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NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
_	pendent Expenditures Made At	1	ately labeled continuation	n sheets.	1	CUMULATIVE CALENDAF	
DATE 10/7/2003			DESCRIPTION OF r Contact	EXPENDITURE	\$196.26	(JAN.1 - DE	
10/7/2003	Lucia Dominguez Los Angeles, CA 90006	Vote	i Contact		\$190.20	\$219.39	
10/7/2003	Juan Dominguez Lennox, CA 90304	Vote	r Contact		\$23.33	\$351.17	
	2011011, 6.17,000						
10/7/2002	Ivan Daminaya-	77 .	w Contact		\$207.84	\$251.17	
10/7/2003	Juan Dominguez Lennox, CA 90304	Vote	r Contact		\$327.84	\$351.17	

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SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo		003		Page 91 of 3	327
Ame	endment No 000			if applicable: y, Year)		For Official Use C	
	Report No CM1		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient cor	nmittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CANDID	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT	T, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	C OPPOSE
3. Independe	ent Expenditures Made Att	tach additional information on appropria	ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Amilcar Dominguez Los Angeles, CA 90057	Votes	r Contact		\$317.21	\$317.21	
10/7/2003	Belgica Duarte La Puente, CA 91744	Voter	r Contact		\$23.33	\$222.80	
10/7/2003	Belgica Duarte La Puente, CA 91744	Votes	r Contact		\$132.98	\$222.80	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	ENDITURI
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>92</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Belgica Duarte La Puente, CA 91744	Vote	r Contact		\$66.49	\$222.80	
10/7/2003	Felipe Duenas Lynwood, CA 90262	Vote	r Contact		\$23.33	\$351.17	
10/7/2003	Felipe Duenas	Vote	r Contact		\$327.84	\$351.17	
	Lynwood, CA 90262						

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>93</u> of	327
Aı	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				СН	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/7/2003	Jorge Echevestre		r Contact	EXPENDITORE	\$272.96	(JAN.1 - DE	:(0.31)
	Los Angeles, CA 90057						
10/7/2003	Jorge Echevestre Los Angeles, CA 90057	Votes	r Contact		\$33.24	\$306.20	
10/7/2003	Lillian Elias Los Angeles, CA 90006	Vote	r Contact		\$317.21	\$317.21	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>94</u> of	327
A	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	DRT OPPOSE
3. Independent	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR
10/7/2003	Silvia Ericka Enriquez Venice, CA 90291		r Contact		\$264.58	\$264.58	20.01)
10/7/2003	Julio Escalante Los Angeles, CA 90013	Votes	r Contact		\$272.96	\$272.96	
9/30/2003	Andrea Escobar Los Angeles, CA 90005	Phon	eBank		\$444.80	\$993.00	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 95 of 1	327
A	mendment No 000	- (Explain 500)	Date of election i (Month, Day	f applicable:		For Official Use (
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE		рроссия ст орроссия	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	attach additional information on appropria	itely labeled continuation	sheets.		CUMULATIVE T CALENDAR	O DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR C.31)
10/6/2003	Andrea Escobar Los Angeles, CA 90005	Phone	Bank		\$221.64	\$993.00	
10/7/2003	Edgar Escobar Van Nuys, CA 91406	Voter	Contact		\$23.33	\$234.95	
10/7/2003	Edgar Escobar Van Nuys, CA 91406	Voter	Contact		\$211.62	\$234.95	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>96</u> of	327
An	nendment No 000			if applicable: y, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
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2. Name of C	Candidate or Measure Sup	oported or Opposed				CHI	ECK ONE
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NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	ent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Lillian Escobar		r Contact	LAFLINDITORL	\$23.33	(JAN.1 - DE	:0.31)
	Hawthorne, CA 90250						
10/7/2003	Lillian Escobar Hawthorne, CA 90250	Vote	r Contact		\$290.98	\$314.31	
9/30/2003	Marcos Escobar Tempe, AZ 85283	Phon	eBank		\$425.05	\$658.63	

		Type or print in ink.	Report cover	s period	Date Stamp		
		Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	65
SEE INSTRU	Amounts may be rounded to whole dollars. Amendment Code Sections 84203.5	w) through <u>12/31/20</u>	03		Page <u>97</u> of	327	
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Amounts may be rounded to whole dollars. The second of th						
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2 Name	of Candidate or Measure Sur	anorted or Onnosed					
	·	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	
				EXPENDITURE		CALENDAR (JAN.1 - DE	
10/6/2003		Phone	eBank		\$210.38	\$658.63	
10/7/2003		Voter	r Contact		\$23.20	\$658.63	
	Tompo, TEI 00200						
10/7/2003	Carmen Espana	Vota	r Contact		\$23.33	\$331.08	
10/1/2003	Los Angeles, CA 90006	VOICE	Contact		φ20.33	φ551.00	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRI	UCTIONS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003	327				
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
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NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde _l	pendent Expenditures Made A	attach additional information on appropria	ately labeled continuation	sheets.	1	CUMULATIVE CALENDA	TO DATE
DATE 10/7/2003	E NAME AND ADDRE Carmen Espana			EXPENDITURE		(JAN.1 - DE	C.31)
10/7/2003	Los Angeles, CA 90006	Votei	Contact		φ307.73	φ331.V0	
10/7/2003	Elias Espinoza Costa Mesa, CA 92627	Voter	Contact		\$288.28	\$288.28	
10/7/2003	Gisela Espinoza Los Angeles, CA 90062	Voter	Contact		\$282.60	\$282.60	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	PENDITURI
	Code Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM	tUJ
SEE INSTRUC	CTIONS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003 Through 12/31/2003	Page 99 of	327			
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Type or print in Ink. Amounts may be rounded to whole dollars. Interport In						
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
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NAME OF C	<u> </u>	phorted of Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE ORT OPPOSE
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NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE	
DATE		SS OF PAYEE	DESCRIPTION OF	EXPENDITURE		CALENDA (JAN.1 - D	
10/7/2003	Indira Espinoza Los Angeles, CA 90003	Votes	r Contact		\$232.72	\$232.72	
10/7/2003	Juana Espinoza Costa Mesa, CA 92627	Votes	r Contact		\$23.33	\$340.54	
10/7/2003	Juana Espinoza Costa Mesa, CA 92627	Votes	r Contact		\$317.21	\$340.54	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below)	Page _100 of _	327			
Aı	mendment No 000	—	Date of election i	if applicable:		For Official Use	
	Amounts may be rounded to whole dollars. It may be rect election if applicable (Month, Day, Year) It mounds 1231/2003 Date of election if applicable: It mounds 1231/2003 Date of election						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	-				AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Thelma Espinoza Los Angeles, CA 90003	Voter	Contact				<u></u>
10/7/2003	Thelma Espinoza Los Angeles, CA 90003	Voter	Contact		\$225.90	\$249.23	
10/7/2003	Vimey Espinoza Alhambra, CA 91801	Voter	Contact		\$405.43	\$405.43	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Below	through 1/12/2003 plain Below) through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION SUI appropriately labeled continuation sheets. CUMULATIT CALENI	Page 101 of 3	327		
Am	nendment No 000	-	Date of election if	applicable:		For Official Use C	
	Amendment No 000 Date of election if applicable: (Month, Day, Year) 10/7/2003						
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREAS	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/	Æ-MAIL ADDRESS		OPTIONAL: FAX	E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
			OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
•	- -	1			ı	CUMULATIVE TO	DATE YEAR
DATE 10/7/2003	NAME AND ADDRE Beatriz Estrada			EXPENDITURE		(JAN.1 - DEC	.31)
10,772003	Los Angeles, CA 90017	Vote	Contact		\$100.25	4177.17	
10/6/2003	Beatriz Estrada Los Angeles, CA 90017	Voter	Contact		\$33.24	\$199.47	
9/30/2003	Maria Estrada Los Angeles, CA 90017	Phone	Bank		\$426.63	\$955.58	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003 Page 102 o	327				
A	mendment No 000	—	Date of election	if applicable:		For Official Use	
Report No CM1 10/7/2003 Committee/Filer Information COMMITTEE/FILER'S NAME NAME OF TREASURER NAME OF TREASURER NAME NAME NAME NAME NAME NAME NAME NAME							
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				СН	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPO	ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Independ		ĺ			AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
10/6/2003	Maria Estrada			EXI ENDITORE			EC.31)
	Los Angeles, CA 90017						
10/7/2003	Maria Estrada Bell Gardens, CA 90201	Voter	Contact		\$66.49	\$166.23	
10/7/2003	Maria Estrada Bell Gardens, CA 90201	Voter	Contact		\$99.74	\$166.23	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amounts may be rounded to whole dollars. Form 9/21/2003	Page of	327			
A	Amendment No 000	- (Explain 5010)	Date of election i	f applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Amendment No						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003		Voter	Contact		\$299.37		,
10/7/2003	Alicia Fabian Garden Grove, CA 92844	Voter	Contact		\$23.33	\$289.30	
10/7/2003	Alicia Fabian Garden Grove, CA 92844	Voter	Contact		\$265.97	\$289.30	

		Type or print in ink.	Report cover	s period	Date Stamp		
		Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	<u>65</u>
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page <u>104</u> of <u>3</u>	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use C	
	Amendment No 000						
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITT	ΓΕΕ/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	DNE
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	·	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made At	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE				EXPENDITURE		CALENDAR (JAN.1 - DEC	
10/7/2003		Vote	er Contact		\$327.84	\$327.84	
10/7/2003		Vote	er Contact		\$327.84	\$327.84	
10/7/2003	Rosa Fabian	Vote	er Contact		\$265.97	\$265.97	
	Paramount, CA 90723						
	I .				1	1	

Expenditu	ıre Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	Amendment No	Page _105 of	327				
A	mendment No 000	—	Date of election i	f applicable:		For Official Use	
	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Though 12/31/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Introduced to whole dollars. Treasurer (if recipient committee) Treasurer (if recipient committee) Treasurer (if recipient committee) MAILING ADDRESS TIONAL: FAX/E-MAIL ADDRESS THE OF CANDIDATE TO CANDIDATE						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
•	-	1			AMOUNT	CUMULATIVE 1	O DATE YEAR
10/7/2003	Rosa Fernandez			EXPENDITORE		(JAN.1 - DE \$316.14	C.31)
	Los Angeles, CA 90044						
10/7/2003		Voter	Contact		\$220.01	\$220.01	
10/7/2003	Felipe Flores Los Angeles, CA 90018	Voter	Contact		\$23.33	\$344.85	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.			1/12/2004	CALIFORNIA 4	65
SEE INSTRU	CTIONS ON REVERSE	Type or print in ink, amounts may be rounded to whole dollars. Amendment (Explain Below) Page Page	Page <u>106</u> of _	327			
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)	•	
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOLICIT OF III	TID AND DISTRICT I	E ADDI ICADI E		CK ONE
NAME OF (CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	T OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE				EXPENDITURE		CALENDAR (JAN.1 - DEC	
10/7/2003	Felipe Flores Los Angeles, CA 90018	Votes	r Contact		\$288.28	\$344.85	
10/7/2003		Votes	r Contact		\$33.24	\$344.85	
10/2/2002	W 1 51				4122.00	4422.00	
10/7/2003		Votes	r Contact		\$132.98	\$132.98	

		Type or print in ink.	Report cover	s period	Date Stamp		
		Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM Z	65
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Belo	w) through 12/31/20	003		Page <u>107</u> of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Amounts may be rounded to whole dollars. Indictode Sections 84/203.5) Amendment No						
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2 Name	of Candidate or Measure Sur	nnorted or Onnosed					
	·	pportod or oppoodd	OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		CK ONE T OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
2	andont Evyanditura Mada						
-	_	1			1	CUMULATIVE T CALENDAR	
DATE 10/7/2003				EXPENDITURE		(JAN.1 - DE)	C.31)
10,7,2005		, 30			4250150	4250.50	
10/7/2003		Vote	r Contact		\$307.75	\$307.75	
	550mgmc, 51.70200						
10/7/2003	Raul Flores	77	r Contact		\$23.33	\$339.47	
10/7/2003	Pacoima, CA 91331	Vote	r Contact		\$23.33	\$337.47	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	Amendment No 0000 Report No CM1 Report No CM	Page 108 of	327				
A	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Amendment No 000 Report No CM1 COMMITTEE/FILER'S NAME STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS NAME OF CANDIDATE NAME OF CANDIDATE NAME OF BALLOT MEASURE NAME OF BALLOT MEASURE BALLOT NO./LETTER JURISDICTION Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	-	1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/7/2003		Voter	Contact		\$316.14	\$339.47	
10/7/2003		Voter	Contact		\$166.23	\$232.72	
10/7/2003	Rosa Flores Los Angeles, CA 90019	Voter	Contact		\$66.49	\$232.72	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 109 of For Official Uses ZIP CODE AREA CODE/PI CH SUPPO SUPPO CALENDAI	327
A	mendment No 000	—	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independent	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN 1 - DE	O DATE YEAR C 31)
10/7/2003	Rosa Flores Los Angeles, CA 90037	Voter	r Contact		\$332.46		<u></u>
9/30/2003	Yolanda Flores Sylmar, CA 91342	Phone	eBank		\$426.63	\$955.58	
10/6/2003	Yolanda Flores Sylmar, CA 91342	Phone	eBank		\$217.56	\$955.58	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		ZIP CODE AREA CODE/PH CHE SUPPOI SUPPOI CUMULATIVE 1 CALENDAR (JAN.1 - DE	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	<td></td> <td></td> <td></td>			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Hanafi Fnu Los Angeles, CA 90057	Voter	Contact		\$265.97	\$265.97	
10/7/2003	Silvana Fortunes Los Angeles, CA 90057	Voter	Contact		\$282.60	\$282.60	
10/7/2003	Mariana Franco Panorama, CA 91042	Voter	· Contact		\$23.33	\$346.41	

Exper	emental Independent nditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTE	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page 111 of For Official Use of For Official U	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:			
	Report No CM1	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMM	IITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	ET ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Nam	ne of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME (DF CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
	ependent Expenditures Made A		•		l avourt	CUMULATIVE 1	TO DATE LYEAR
DAT 10/7/2003	TE NAME AND ADDRE Mariana Franco		DESCRIPTION OF r Contact	EXPENDITURE	\$323.08	,	C.31)
	Panorama, CA 91042						
9/30/2003	Angel Fuentes Los Angeles, CA 90011	Phone	eBank		\$195.31	\$390.62	
10/6/2003	Angel Fuentes Los Angeles, CA 90011	Phone	eBank		\$195.31	\$390.62	

CALIFORNIA 465
Page 112 of 327
For Official Use Only
TATE ZIP CODE AREA CODE/PHONE
CHECK ONE SUPPORT OPPOSE
SUFFORT UPFOSE
SUPPORT OPPOSE
CUMULATIVE TO DATE CALENDAR YEAR
AMOUNT (JAN.1 - DEC.31)
\$323.08
.31 \$195.31
\$175.51
\$33 \$304.67

Expendi	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page 113 of 327 For Official Use Only ZIP CODE AREA CODE/PHONE CHECK SUPPORT SUPPORT CALENDAR YE (JAN.1 - DEC.31	327
	Amendment No 000	- (Explain 2001)	Date of election if (Month, Day	applicable:			
	Report No CM1	-	10/7/2003				
. Comm	ittee/Filer Information	OPTIONAL: FAX/E-MAIL ADDRESS CHECK ONE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT OPPOSE BALLOT NO./LETTER JURISDICTION SUPPORT OPPOSE					
COMMITTE	E/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET AD	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/F	PHONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	ported or Opposed				Cł	HECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	SUPP	ORT OPPOSE		
. Indepe	endent Expenditures Made At	tach additional information on appropria	 tely labeled continuation	sheets.			
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	COMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
.0/7/2003	Jorge Fugon Los Angeles, CA 90004	Voter	Contact		\$281.34	\$304.67	•
.0/7/2003	Luis Funes	Voter	Contact		\$23.33	\$340.54	
	Los Angeles, CA 90032						
0/7/2003	Luis Funes Los Angeles, CA 90032	Voter	Contact		\$317.21	\$340.54	

Supplemental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	SUPPLEMENTAL INDEPENDENT EXPENDITURE Stamp		
	ure Report de Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>114</u> of _	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name of	Candidate or Measure Sur	anartad ar Onnasad					
NAME OF CAN	·	phorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT. II	F APPLICABLE	-	CK ONE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	ident Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Francisco Galiano Los Angeles, CA 90016	Vote	r Contact		\$23.33	\$333.62	
10/7/2003	Francisco Galiano	Vote	r Contact		\$310.29	\$333.62	
	Los Angeles, CA 90016						
10/7/2003	Manuel Galindo Los Angeles, CA 90057	Vote	r Contact		\$23.33	\$379.71	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 115 of For Official Use ZIP CODE AREA CODE/PH CHE SUPPO SUPPO CUMULATIVE CALENDAR	327
Ar	mendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR	TO DATE R YEAR
10/7/2003	Manuel Galindo Los Angeles, CA 90057		r Contact		\$323.14		.0.01)
10/7/2003	Manuel Galindo Los Angeles, CA 90057	Voter	r Contact		\$33.24	\$379.71	
9/29/2003	Linda Gamberg Los Angeles, CA 90020	Voter	r Contact		\$280.96	\$655.14	

Expend	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
EE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	3		Page 116 of 327 For Official Use Onl ZIP CODE AREA CODE/PHONE CHECK SUPPORT SUPPORT CUMULATIVE TO E CALENDAR YE	327
	Amendment No 000	-	Date of election if (Month, Day,	applicable:			
	Report No CM1	-	10/7/2003				
. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ttee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREAS	URER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRES	SS			
OTKELTA	DDIVEOG (NO 1 . O. DOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
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. Name	of Candidate or Measure Sup	pported or Opposed				СН	ECK ONE
NAME OF C	ANDIDATE		OFFICE SOUGHT OR HEL	LD AND DISTRICT, IF	APPLICABLE	SUPPO	RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropriat	tely labeled continuation s	sheets.		CUMULATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	(YEAR (C.31)
0/27/2003	Linda Gamberg Los Angeles, CA 90020	Voter	Contact		\$180.02	\$655.14	
0/6/2003	Linda Gamberg Los Angeles, CA 90020	Voter	Contact		\$14.15	\$655.14	
0/6/2003	Linda Gamberg Los Angeles, CA 90020	Voter	Contact		\$180.01	\$655.14	

Supplemental Independent Expenditure Report	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA / CE		
	Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>117</u> of _	327
	Amendment No 000	-	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Name	of Candidate or Measure Sup	anartad ar Onnasad					
NAME OF C	·	phorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	endent Expenditures Made Af	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
10/7/2003	Cesar Gamboa Los Angeles, CA 90019	Votes	r Contact		\$23.33	\$339.47	
10/7/2003	Cesar Gamboa Los Angeles, CA 90019	Votes	r Contact		\$316.14	\$339.47	
10/7/2003	Juana Gamez Los Angeles, CA 90037	Vote	r Contact		\$332.46	\$332.46	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 118 of For Official Uses ZIP CODE AREA CODE/PI CH SUPPO SUPPO CUMULATIVE CALENDAI	327
Ar	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	C/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Su	oported or Opposed				CUE	CK ONE
NAME OF CAND		Province of Province	OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	O DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Alfonso Garcia Los Angeles, CA 90023	Votes	r Contact		\$23.33	\$351.17	
10/7/2003	Alfonso Garcia Los Angeles, CA 90023	Vote	r Contact		\$327.84	\$351.17	
9/30/2003	Arturo Garcia South Gate, CA 90280	Phon	eBank		\$408.46	\$919.81	

Supplemental Independent Expenditure Report	Amounts may be rounded		s period	SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA 46		
Government	Code Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM —	
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>119</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
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	CANDIDATE	оронов от орросов	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		CK ONE RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
2 Indon	andant Evnandituraa Mada						
_	endent Expenditures Made At	1			1	CUMULATIVE 1 CALENDAR	
DATE 10/6/2003	NAME AND ADDRE		DESCRIPTION OF neBank	EXPENDITURE	\$173.59	(JAN.1 - DE \$919.81	C.31)
10/0/2003	South Gate, CA 90280	Thom	o Bunk		ψ173.35	Ψ)1).01	
10/7/2003	Arturo Garcia South Gate, CA 90280	Vote	r Contact		\$73.88	\$919.81	
	30000						
10/7/2003	Aurelia Garcia	V-t-	. Cantact		\$222.40	\$222.46	
10/ // 2003	Los Angeles, CA 90011	Vote	r Contact		\$332.46	\$332.46	

Expend	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name (of Candidate or Measure Sup	oported or Opposed				QUE	OK ONE
NAME OF C	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
DATE	endent Expenditures Made A	SS OF PAYEE	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Cruz Garcia Los Angeles, CA 90044	Voter	Contact		\$238.17	\$304.66	
10/7/2003	Cruz Garcia Los Angeles, CA 90044	Voter	Contact		\$66.49	\$304.66	
10/7/2003	Enriqueta Ramos Garcia Los Ángeles, CA 90006	Voter	Contact		\$11.66	\$144.64	

Expenditu	ental Independent ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURI
•	le Sections 84203.5)		from9/21/200	13			
	ONS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>121</u> of	327
A	mendment No 000	_	Date of election i (Month, Day			For Official Use	Only
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
SIREEI ADDI	(NO F.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				CH	ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	attach additional information on appropr	iately labeled continuation	sheets.		OLIMAN II ATIVE	TO DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAF (JAN.1 - DE	R YEAR
10/7/2003	Enriqueta Ramos Garcia Los Angeles, CA 90006	Vote	er Contact		\$132.98	\$144.64	
	<i>g</i> ,						
10/7/2003	Francis Comic	V-A	C		\$23.33	\$331.08	
10/7/2003	Ernesto Garcia Los Angeles, CA 90023	Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Ernesto Garcia Los Angeles, CA 90023	Vote	er Contact		\$307.75	\$331.08	

	mental Independent liture Report	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	
	Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	l 65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Namo	of Candidate or Measure Sur	anartad ar Onnasad					
	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Gladis Garcia Los Angeles, CA 90057	Voter	r Contact		\$23.33	\$346.41	
10/7/2003	Gladis Garcia Los Angeles, CA 90057	Votes	r Contact		\$323.08	\$346.41	
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063	Votei	r Contact		\$23.33	\$222.80	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 123 of	327
Ar	mendment No 000	- — — — — — — — — — — — — — — — — — — —	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FAX	K/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sur	pported or Opposed				CHE	ECK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063		Contact		\$166.23	\$222.80	.0.01)
10/7/2003	Hilda Baltazar Garcia Los Angeles, CA 90063	Votei	Contact		\$33.24	\$222.80	
10/7/2003	Iris Elizabeth Garcia Reseda, CA 91335	Voter	Contact		\$290.98	\$290.98	

Expendit	ental Independent cure Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>)3		Page <u>124</u> 0	of 327
	Amendment No 000	·	Date of election if (Month, Day	applicable:		For Official Us	
	Report No CMI		10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comr	nittee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET ADI	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/	PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	E-MAIL ADDRESS			
2. Name o	f Candidate or Measure Sup	ported or Opposed				C	HECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE	SUP	PORT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUP	PORT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropria	tely labeled continuation	sheets.		CUMULATIV	E TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIV CALEND (JAN.1 -	AR YEAR DEC.31)
0/30/2003	Jose Garcia Los Angeles, CA 90057	Phone	Bank		\$461.10	\$1,013.20	
0/6/2003	Jose Garcia Los Angeles, CA 90057	Phone	Bank		\$221.64	\$1,013.20	
0/7/2003	Lilia Garcia Los Angeles, CA 90005	Voter	Contact		\$323.14	\$323.14	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		рроссия ст орроссия	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		CK ONE OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	Itely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Lucia Garcia Los Angeles, CA 90022	Voter	Contact		\$238.17	\$238.17	,
10/7/2003	Maria Garcia Los Angeles, CA 90019	Voter	Contact		\$223.51	\$389.74	
10/7/2003	Maria Garcia Los Angeles, CA 90019	Voter	Contact		\$166.23	\$389.74	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>126</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independent	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/7/2003	Nelson Garcia		r Contact	EXPENDITORE	\$11.66	(JAN.1 - DE	:0.31)
	Los Angeles, CA 90019						
10/7/2003	Nelson Garcia Los Angeles, CA 90019	Voter	r Contact		\$166.23	\$177.89	
10/7/2003	Rosaura Garcia Los Angeles, CA 90023	Voter	r Contact		\$323.08	\$323.08	

		tal Independent Report	Type or print in ink. Amounts may be rounded		Report covers	s period	Si Date Stam 1/12/2004		INDEPENDENT CALIFORNIA		65
		ections 84203.5)	to whole dollars.	•	from9/21/2003	3	1/12/2004		FORM	41	99
SEE II	NSTRUCTIONS	ON REVERSE	Amendment (Explain Be	elow)	through <u>12/31/20</u>	03			Page <u>127</u>	of _32	.7
	Ame	ndment No 000			Date of election if (Month, Day	applicable:			For Official	Use Or	nly
		Report No CM1			10/7/2003						
1. C	Committee	e/Filer Information	I.D. NUMBER (if recipient committee	e)	Treasure	(If recipient c	committee)				
C	OMMITTEE/FILE	R'S NAME		_	NAME OF TREA	SURER					
<u>c</u> .	TREET ADDRES	S (NO D O POV)		_	MAILING ADDRE	ESS					
3	TREET ADDRESS	3 (NO F.O. BOX)									
C	ITY	STATE	ZIP CODE AREA CODE/PHONE	_	CITY		ST	ATE ZIP CODE	AREA COI	DE/PHON	ΙE
ō	PTIONAL: FAX/E	-MAIL ADDRESS		_	OPTIONAL: FAX	/E-MAIL ADDRE	SS				
		andidate or Measure Supp	ported or Opposed							CHEC	ONE
NA	AME OF CANDIDA	ATE		OI	FFICE SOUGHT OR HE	ELD AND DISTRI	ICT, IF APPLICABLE		s	SUPPORT	OPPOSE
NA	ME OF BALLOT	MEASURE		BA	ALLOT NO./LETTER	JURISDICTION	N		s	UPPORT	OPPOSE
3. lı	ndepende	nt Expenditures Made Atta	ach additional information on approp	oriately	labeled continuation	sheets.			CUMULA	TIVE TO	DATE
	DATE	NAME AND ADDRESS	S OF PAYEE		DESCRIPTION OF E	EXPENDITURE		AMOUNT	CALE	NDAR YI 1 - DEC.:	EAR
9/30/2	003	Laura Godoy Los Angeles, CA 90065	Pho	oneBan	k		\$417	.55	\$932.09		
10/6/2	003	Laura Godoy	Pho	oneBan	k		\$212	.23	\$932.09		
		Los Angeles, CA 90065									
9/30/2	003	Rocio Godoy Los Angeles, CA 90065	Pho	oneBan	k		\$408	.46	\$906.08		

Expendit	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers p	period	Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>			Page <u>128</u> of	327
4	mendment No 000		Date of election if a	pplicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient committe	e)		
COMMITTEE/	FILER'S NAME		NAME OF TREASU	RER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS	3			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-	MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	ported or Opposed				QUE	OK ONE
NAME OF CAN		регова в оррова	OFFICE SOUGHT OR HELD	O AND DISTRICT, IF A	PPLICABLE		CK ONE
NAME OF BAL							
	LOT MEASURE		BALLOT NO./LETTER	IURISDICTION		SUPPOI	RT OPPOSE
						SUPPOI	RT OPPOSE
-	dent Expenditures Made Att	1	ately labeled continuation sh	neets.	AMOUNT	CUMULATIVE 1 CALENDAR	O DATE YEAR
3. Indepen	dent Expenditures Made Att NAME AND ADDRES Rocio Godoy	S OF PAYEE		neets.	AMOUNT \$204.40		O DATE YEAR
DATE	dent Expenditures Made Att	S OF PAYEE	ately labeled continuation sh	neets.		CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
DATE	dent Expenditures Made Att NAME AND ADDRES Rocio Godoy	S OF PAYEE Phon	ately labeled continuation sh	neets.		CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/200</u>	3		Page 129 of 3	327
A	mendment No 000	-	Date of election if (Month, Day,	applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	URER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/I	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sur	oported or Opposed				CHE	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR HEI	LD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation : DESCRIPTION OF E		AMOUNT	CUMULATIVE TO CALENDAR	D DATE YEAR
9/30/2003	Blanca Gomez		neBank	AFENDITORE	\$426.63	(JAN.1 - DEC	.31)
	Los Angeles, CA 90011						
10/6/2003	Blanca Gomez						
	Los Angeles, CA 90011	Phon	eBank		\$217.56	\$955.58	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _130 of _	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANI		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Delmy Gomez Inglewood, CA 90304	Voter	Contact		\$323.14	\$346.47	
10/7/2003	Reyna Gomez Los Angeles, CA 90005	Voter	Contact		\$316.14	\$316.14	
10/7/2003	Tomas Gonzales Los Angeles, CA 90023	Voter	Contact		\$299.37	\$299.37	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Apolinar Gonzalez Los Angeles, CA 90057		Contact		\$23.33	\$351.17	0.01)
10/7/2003	Apolinar Gonzalez Los Angeles, CA 90057	Voter	Contact		\$327.84	\$351.17	
10/7/2003	Aaron Gonzalez Los Angeles, CA 90003	Voter	· Contact		\$332.46	\$332.46	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
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A	mendment No 000	- (ZAPIGIII 25.5.)	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE
9/30/2003	Blanca Gonzalez Compton, CA 90220		eBank		\$435.72	\$977.42	0.01)
10/6/2003	Blanca Gonzalez Compton, CA 90220	Phone	eBank		\$221.64	\$977.42	
10/7/2003	Dalila Gonzalez Los Angeles, CA 90006	Voter	Contact		\$23.33	\$289.29	

	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	
	ode Sections 84203.5)	to whole dollars.	from9/21/200	03	1/12/2004	FORM 4	65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>133</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Nama a	of Candidate or Measure Sup	anartad ar Onnacad					
NAME OF CA	•	pported of Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT.	IF APPLICABLE		CK ONE
				,			
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Dalila Gonzalez Los Angeles, CA 90006	Vote	er Contact		\$232.72	\$289.29	
10/7/2003	Dalila Gonzalez Los Angeles, CA 90006	Vote	er Contact		\$33.24	\$289.29	
10/7/2003	Efrain Gonzalez Montebello, CA 90604	Vote	er Contact		\$23.33	\$333.62	

	enta <u>l</u> Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	
	ure Report le Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	CALIFORNIA FORM	<u>65</u>
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>134</u> of <u>3</u>	327
A	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FA	XX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Nama of	Candidate or Magazira Sur	anartad ar Onnasad					
NAME OF CAN	Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT.	IF APPLICABLE		CK ONE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	dent Expenditures Made A	ttach additional information on appropr	riately labeled continuation	sheets.		CUMULATIVE TO CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Efrain Gonzalez Montebello, CA 90604	Vote	er Contact		\$310.29	\$333.62	
10/7/2003	Cuadaluma Cangalag	Vot	ou Contact		\$122.43	\$122.42	
10///2003	Guadalupe Gonzalez Los Angeles, CA 90011	VOR	er Contact		\$122.43	\$122.43	
9/30/2003	Judith Elizabeth Gonzalez	Phoi	neBank		\$435.72	\$945.96	
	Compton, CA 90220						

	ental Independent ure Report	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	
	de Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	l 65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Bel	ow) through 12/31/20	003		Page <u>135</u> of	327
,	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET ADD	RESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	Candidate or Measure Sup	pported or Opposed					ECK ONE
NAME OF CAN	IDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	ttach additional information on appropi	riately labeled continuation	sheets.		CLIMILII ATIVE	TODATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	RYEAR
10/6/2003	Judith Elizabeth Gonzalez Compton, CA 90220	Pho	neBank		\$221.64	\$945.96	
10/7/2003	Jose Gonzalez	Vot	er Contact		\$327.84	\$327.84	
10/7/2003	Los Angeles, CA 90037	YOU	er Contact		\$327.04	φ327.04	
9/30/2003	Melissa Gonzalez Los Angeles, CA 91732	Pho	neBank		\$346.20	\$648.51	

	mental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	ENDITURI
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>136</u> of _	327
	Amendment No 000	-	Date of election in (Month, Day	f applicable:		For Official Use (
	Report No CM1	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Namo	of Candidate or Measure Su	anartad ar Onnasad					
	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF I	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Mirian Raquel Gonzalez Los Angeles, CA 90037	Votes	r Contact		\$316.14	\$316.14	
10/7/2003	Olividio Gonzalez Inglewood, CA 90301	Votes	r Contact		\$23.33	\$351.17	
10/7/2003	Olividio Gonzalez Inglewood, CA 90301	Votes	r Contact		\$327.84	\$351.17	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3	1/12/2004	FORM 2	CO :
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>137</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	_	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
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NAME OF C	•	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE)	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$23.33	\$374.50	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$23.33	\$374.50	
10/7/2003	Ricardo Gonzalez Los Angeles, CA 90012	Vote	er Contact		\$327.84	\$374.50	

Expendi	ture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	Amounts may be rounded to whole dollars. FORM	Page _138 of _	327				
	Amendment No 000	- -	Date of election	if applicable:		For Official Use	
	Report No CM1	_	Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/I OPTIONAL: FAX/E-MAIL ADDRESS CI OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPF				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
		Ph	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
-	· · ·	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003		Voter	Contact		\$298.20	\$298.20	
10/7/2003		Voter	Contact		\$232.72	\$232.72	
9/29/2003	Jack Gribbon San Francisco, CA 94117	Voter	Contact		\$8.41	\$3,531.20	

Sunnlem	ental Independent				SUPPLEMENTA	L INDEPENDENT EXP	ENDITURE
Expendit	cure Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		Date Stamp 1/12/2004	CALIFORNIA FORM	65
EE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>139</u> of _	327
	Amendment No 000		Date of election if (Month, Day	applicable:		For Official Use (
	Report No CM1		10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient co	ommittee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET ADI	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRES	SS		
2. Name o	f Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CA	•		OFFICE SOUGHT OR HE	LD AND DISTRIC	CT, IF APPLICABLE	SUPPOR	
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepe	ndent Expenditures Made Att	ach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE T	ODATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR
	Staples Los Angeles, CA 90015	Voter	Contact		\$.00	\$.00	
0/27/2003	San Francisco, CA 94117	Voter	Contact		\$1,400.00	\$3,531.20	
					4400	42.724.25	
0/27/2003	San Francisco, CA 94117	Voter	Contact		\$289.81	\$3,531.20	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTION	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. from 9/21/2003 1/12/2004 Page 140	Page of	327				
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	_	10/7/2003	Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA COD OPTIONAL: FAX/E-MAIL ADDRESS DEFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE			
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	· ·	1			AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR C.31)
10/6/2003	San Francisco, CA 94117	Voter	Contact		\$1,832.98	\$3,531.20	
10/7/2003		Voter	Contact		\$23.33	\$355.79	
10/7/2003	Israel Grijalva Inglewood, CA 90303	Voter	Contact		\$166.23	\$355.79	

Expenditui	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9/21/2003	Page _141 of _	327				
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sur	oported or Opposed				CHE	CK ONE
NAME OF CANDI	.	,	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	_	1			AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
10/7/2003	Israel Grijalva						0.01)
10/7/2003		Voter	Contact		\$288.93	\$288.93	
10/7/2003	Raul Guiterrez Los Angeles, CA 90057	Voter	Contact		\$323.08	\$323.08	

	mental Independent liture Report	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	
	Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	<u>65</u>
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>142</u> of <u>3</u>	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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2 Namo	of Candidate or Measure Sup	anartad ar Onnasad					
	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	F APPLICABLE		CK ONE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Jose Guitierez Los Angeles, CA 90037	Vote	Contact		\$166.23	\$166.23	
10/7/2003	Antonio Guittierez Los Angeles, CA 90006	Voter	Contact		\$23.33	\$321.53	
10/7/2003	Antonio Guittierez Los Angeles, CA 90006	Votei	Contact		\$298.20	\$321.53	
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Expend	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _143 of _	327
	Amendment No 000	-	Date of election	if applicable:		For Official Use 0	
	Report No CM1	Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPLICABLE SUPPLICABLE SUPPLICABLE SUPPLICABLE					
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF C	CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE(O DATE YEAR C.31)
10/7/2003	Dora Guzman Los Angeles, CA 90032	Voter	Contact		\$23.33	\$373.78	,
10/7/2003	Dora Guzman Los Angeles, CA 90032	Voter	Contact		\$317.21	\$373.78	
10/7/2003	Dora Guzman Los Angeles, CA 90032	Voter	· Contact		\$33.24	\$373.78	

Supplemei	ntal Independent	Type or print in ink.	Report cover	s neriod	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	NDITURI
Expenditul Government Code		Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA 4	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>144</u> of _	327
An	nendment No 000		Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM1		10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)	•	
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name of (Candidate or Measure Sup	norted or Opposed					
NAME OF CANDI	<u> </u>	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.	1	CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/3/2003	Hotel Employees and Restaurant Employe Los Angeles, CA 90017	es Local II Vote	er Contact		\$787.52	\$3,906.68	
10/6/2003	Hotel Employees and Restaurant Employee Los Angeles, CA 90017	ves Local 11 Vote	er Contact		\$515.96	\$3,906.68	
10/6/2003	Hotel Employees and Restaurant Employee Los Angeles, CA 90017	es Local 11 Vote	er Contact		\$396.00	\$3,906.68	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	46 5
EE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>145</u> of	327
	Amendment No 000		Date of election if (Month, Day	f applicable:		For Official Use	
	Report No CM1		10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDRE	ESS			
STREET ADI	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	f Candidate or Measure Sup	ported or Opposed	T				IECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepe	ndent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	sheets.		CUMUI ATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
0/6/2003	Hotel Employees and Restaurant Employee Los Angeles, CA 90017	es Local 11 Voter	Contact		\$263.20	\$3,906.68	
0/7/2003	Jessica Heez Los Angeles, CA 90003	Voter	Contact		\$264.58	\$264.58	
0/30/2003	Stephanie Hernandez Los Angeles, CA 90038	Phone	Bank		\$417.55	\$809.23	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>146</u> of _	327
A	Amendment No 000	— (Explain 5515)	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Physical Shirts	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/6/2003	Stephanie Hernandez Los Angeles, CA 90038	Phone	eBank		\$212.23	\$809.23	
10/7/2003	Maria Hernandez Los Angeles, CA 90011	Voter	Contact		\$23.33	\$328.23	
10/7/2003	Maria Hernandez Los Angeles, CA 90011	Voter	Contact		\$288.28	\$328.23	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page _147 of _	327
A	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Maria Hernandez Los Angeles, CA 90011		r Contact		\$16.62	\$328.23	<u></u>
10/7/2003	Ricardo Hernandez Los Angeles, CA 90006	Votes	r Contact		\$23.33	\$314.31	
10/7/2003	Ricardo Hernandez Los Angeles, CA 90006	Votes	r Contact		\$290.98	\$314.31	

	mental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>148</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	-	10/7/2003				
1. Comr	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL : FAX	(/E-MAIL ADDRESS			
0. 11010	E. I TOVE WINE TO DICEOU		OF HOLDING.	VE WINTER NO DINEGO			
2. Name	of Candidate or Measure Sur	pported or Opposed				CHE	CK ONE
NAME OF	CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	F APPLICABLE		T OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Celida Hernandez Canoga Park, CA 91304	Votes	r Contact		\$272.96	\$306.20	
10/7/2003	Celida Hernandez Canoga Park, CA 91304	Vote	r Contact		\$33.24	\$306.20	
10/7/2003	Felisa Hernandez Cudhay, CA 90201	Votes	r Contact		\$194.48	\$227.72	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>149</u> of _	327
A	Amendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		T OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Felisa Hernandez Cudhay, CA 90201	Voter	Contact		\$33.24	\$227.72	,
10/7/2003	Fortina Hernandez Los Angeles, CA 90018	Votei	Contact		\$166.23	\$166.23	
10/7/2003	Oswaldo Arturo Hernandez Long Beach, CA 90813	Voter	·Contact		\$307.75	\$307.75	

	plemental Independent Enditure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	165
	nent Code Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM	
SEE INS	TRUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>150</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Co	mmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COM	IMITTEE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STRE	EET ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PI	HONE
OPTI	IONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	ne of Candidate or Measure Տսլ	pported or Opposed					ECK ONE
NAME	E OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE	SUPPO	OPPOSE
NAME	E OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Ind	lependent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	
D	ATE NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	R YEAR
10/7/2003	Walter Hernandez Los Angeles, CA 90057	Vote	er Contact		\$232.72	\$232.72	
10/7/2003		Vote	er Contact		\$307.75	\$307.75	
	Los Angeles, CA 90020						
10/7/2003	Eduardo Hernandez Los Angeles, CA 90029	Vote	er Contact		\$317.21	\$317.21	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page 151 of 1	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	1	itely labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Leticia Hernandez		Contact	EXPENDITORE	\$317.21	(JAN.1 - DEC	(31)
	Los Angeles, CA 90042						
10/7/2003	Rosa Maria Hernandez Los Angeles, CA 90029	Voter	Contact		\$317.24	\$317.24	
10/7/2003	Iris Hernandez Los Angeles, CA 90026	Voter	Contact		\$450.04	\$450.04	

Supplemer Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>152</u> of _	327
Am	endment No 000	- (Explain 500)	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made At	1	•		AMOUNIT	CUMULATIVE T CALENDAR	O DATE YEAR
10/7/2003	NAME AND ADDRES Josephina Herrera		DESCRIPTION OF Contact	EXPENDITURE	\$23.33	(JAN.1 - DEC	J.31)
	Los Angeles, CA 90023						
10/7/2003	Josephina Herrera Los Angeles, CA 90023	Voter	Contact		\$317.21	\$340.54	
10/7/2003	Peter Herrera Montebello, CA 90640	Voter	Contact		\$23.33	\$314.31	

Expenditu	re Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page _153 of _	327
An	nendment No 000	- (z.piaiii 5555)	Date of election i	f applicable:		For Official Use 0	
	Amendment No OOO						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	-	1			AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
DATE 10/7/2003	Peter Herrera			EXPENDITURE		(JAN.1 - DEC	C.31)
	Montebello, CA 90640						
9/30/2003	Silfa Honorato Long Beach, CA 90813	Phone	eBank		\$426.63	\$955.58	
10/6/2003	Silfa Honorato Long Beach, CA 90813	Phone	eBank		\$217.56	\$955.58	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>)3		Page _154 of _	327
A	mendment No 000	_	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR HE	LD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Indepen	dent Expenditures Made A	Attach additional information on appropria	stely labeled continuation	sheets			
DATE	NAME AND ADDRE	1	DESCRIPTION OF E		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C. 31)
10/7/2003	Rosa Huaman Downey, CA 90242	Voter	Contact		\$229.37	\$229.37	
10/7/2003	Manuel Huerta Los Angeles, CA 90022	Voter	Contact		\$11.66	\$177.89	
10/7/2003	Manuel Huerta Los Angeles, CA 90022	Voter	Contact		\$166.23	\$177.89	

Expenditu	ure Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through 12/31/20	003		Page <u>155</u> of	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Amounts may be rounded to whole dollars. CTIONS ON REVERSE Amendment No 000 Report No CM1 Report N						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF			CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003		Voter	Contact		\$11.06	\$196.16	
10/7/2003	Martha Hurtado Los Angeles, CA 90033	Voter	Contact		\$184.50	\$196.16	
10/7/2003	Anupa Iyer Northridge, CA 91326	Voter	Contact		\$290.98	\$290.98	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page 156 of 3	327
A	mendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				OUE	OK ONE
NAME OF CAN		рролом от орросом	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		DALLOT NO // ETTER	JURISDICTION		SUPPOR	T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepen	dent Expenditures Made A	Attach additional information on appropria	tely labeled continuation	sheets.		CUMULATIVE TO CALENDAR) DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DEC	2.31)
10/7/2003	Maria Izaguirre Los Angeles, CA 90057	Voter	Contact		\$317.21	\$317.21	
10/7/2003	Angelica Jara Los Angeles, CA 90037	Voter	Contact		\$290.98	\$290.98	
10/7/2003	Maria Jaramillo Sun Valley, CA 91352	•••	Contact		\$323.14	\$323.14	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	NS ON REVERSE	Amounts may be rounded to whole dollars. Amount may be rounded to whole dollars. Through 12/3/2003 Date of election if applicable: ((worth, bay, year)) Individuals. Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS Addidate or Measure Supported or Opposed EASURE BALLOT NO./LETTER JURISDICTION Through 12/3/2003 Page 157 For Off Treasurer (if recipient committee) NAME AND ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS Addidate or Measure Supported or Opposed EASURE BALLOT NO./LETTER JURISDICTION Through 12/2003 Page 157 For Off Treasurer (if recipient committee) NAME AND ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS CITY STATE ZIP CODE AREA AMOUNT (Committee) Through 12/2003 Page 157 For Off Page 157 For Off Amount (Committee) Page 157 For Off Amount (Committee) Through 12/2003 Page 157 For Off Amount (Committee) Page 157 For Off Amount (Committee) Through 12/2003 Page 157 For Off Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS CITY STATE ZIP CODE AREA ALL ADDRESS Addidate or Measure Supported or Opposed EASURE BALLOT NO./LETTER JURISDICTION Through 12/2003 Page 157 For Off MAILING ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS CITY STATE ZIP	Page _157 of _	327			
An	nendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM1	Type or print in ink, Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Report covers period from 9.21/2003					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	//E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CAND	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	1	1			AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
10/7/2003	Rosa Jaramillo			EXI ENDITORE		(JAN.1 - DE) \$340.54	0.31)
	Los Angeles, CA 90001						
10/7/2003	Rosa Jaramillo Los Angeles, CA 90061	Voter	Contact		\$317.21	\$340.54	
10/7/2003	Concepcion Jimenez Inglewood, CA 90304	Voter	Contact		\$259.02	\$259.02	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALLEORNIA	
	diture Report code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	<u>65</u>
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>158</u> of <u>3</u>	27
	Amendment No 000	-	Date of election i	f applicable:		For Official Use C	nly
	Report No CM1	-	10/7/2003				
1. Comi	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHC	NE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
O. Nove o	of Condidate on Manager Com	on auto di au Ouora and					
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT	IF APPLICABLE		OPPOSE
TW WILL OF	ONNOIDATE				, II / II LIO/IOLL	SOIT ON	011002
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
<u> </u>							
3. Indep	pendent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.	ı	CUMULATIVE TO CALENDAR	
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF er Contact	EXPENDITURE	\$323.08	(JAN.1 - DEC	
10///2003	Los Angeles, CA 90006	Vote	er Contact		\$323.08	\$323.08	
10/7/2003	Marco Jimenez Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$150.76	
10/7/2003	Marco Jimenez	Vote	er Contact		\$127.43	\$150.76	
	Los Angeles, CA 90006						
	I .				1	1	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page _159 of _	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/7/2003	Maria Jimenez Los Angeles, CA 90011	Votes	r Contact		\$307.75	\$307.75	,
9/30/2003	Rosalinda Jimenez Compton, CA 90221	Phon	eBank		\$435.72	\$977.42	
10/6/2003	Rosalinda Jimenez Compton, CA 90221	Phon	eBank		\$221.64	\$977.42	

Supplemental Expenditure Ragovernment Code Section	eport	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTAL Date Stamp 1/12/2004	CALIFORNIA 4	65
SEE INSTRUCTIONS ON	REVERSE	Amendment (Explain Be	elow) through 12/31/20	003		Page <u>160</u> of <u>3</u>	27
Amendm	nent No 000	Z yandinanioni (Explain Se	Date of election i	if applicable:		For Official Use C	
Rep	oort No CM1		10/7/2003				
1. Committee/Fil	ler Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	mittee)		
COMMITTEE/FILER'S NA	AME		NAME OF TREA	ASURER			
STREET ADDRESS (NO	P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP COD	E AREA CODE/PHO	NE
OPTIONAL: FAX/E-MAIL	ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of Cand	idate or Measure Supp	oorted or Opposed				CHEC	K ONE
NAME OF CANDIDATE			OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		OPPOSE
NAME OF BALLOT MEAS	SURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independent E	Expenditures Made Attac	ch additional information on approp	priately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
	a Jimenez Angeles, CA 90029	I Vo	ter Contact		\$441.65	\$441.65	
	o Juarez h Hollywood, CA 91600		ter Contact		\$23.33	\$331.08	

	emental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	
	diture Report t Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	•	1/12/2004	CALIFORNIA 4	65
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page 161 of	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)	•	
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name	e of Candidate or Measure Sup	anorted or Onnosed					
	CANDIDATE	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	pendent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE			DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Maritza Juarez Pasadena, CA 91104	Voter	r Contact		\$23.33	\$331.08	
10/7/2003	Maritza Juarez Pasadena, CA 91104	Voter	r Contact		\$307.75	\$331.08	
	I usudenia, C/171101						
10/6/2003	Anne Kamsvaag	Voter	r Contact		\$1,200.00	\$1,200.00	
	Los Avenue, CA 90034						
						1	

	nental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT. Date Stamp	AL INDEPENDENT EXP	
	ture Report code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page _162 of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2 Name c	of Candidate or Measure Sup	onorted or Onnosed					
NAME OF CA	<u> </u>	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	1	CK ONE RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	n sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
9/30/2003	Ernesto Landeros Sun Valley, CA 91352	Phon	neBank		\$490.68	\$1,071.20	
10/6/2003	Ernesto Landeros Sun Valley, CA 91352	Phon	neBank		\$237.78	\$1,071.20	
10/7/2003	Ernesto Landeros Sun Valley, CA 91352	Vote	er Contact		\$23.20	\$1,071.20	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page 163 of	327
A	mendment No 000	-	Date of election	if applicable:		For Official Use	
	Report No CM1	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9/21/2003					
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	XX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Independent		1			AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Blanca Lara Los Angeles, CA 90029	Voter	Contact				
10/7/2003	Blanca Lara Los Angeles, CA 90029	Voter	Contact		\$317.21	\$340.54	
9/30/2003	Sonia Lara Los Angeles, CA 90034	Phone	eBank		\$444.80	\$993.00	

Expenditur		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
Government Code S	Sections 84203.5)	to whole donars.	from9/21/200)3			
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>164</u> of _	327
Am	endment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILI	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE	1	T OPPOSE
NAME OF BALLOT	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003	Sonia Lara Los Angeles, CA 90034	Phor	neBank		\$221.64	\$993.00	
10/7/2003	Rene Ledesma Bell Gardens, CA 90201	Vote	er Contact		\$23.33	\$481.06	
10/7/2003	Rene Ledesma Bell Gardens, CA 90201	Vote	er Contact		\$457.73	\$481.06	

Expenditur		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 4 FORM	65
Government Code S	•	to whole dollars.	from ^{9/21/200}	3			
SEE INSTRUCTION	S ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>165</u> of <u>3</u>	327
Amo	endment No 000		Date of election i (Month, Day	f applicable:		For Official Use C	Only
	Report No CM1		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	andidate or Measure Sup	ported or Opposed				CHEC	CK ONE
NAME OF CANDID	<u>-</u>		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	1	OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR ((JAN.1 - DEC	
10/7/2003	Yolanda Ledesma Glendale, CA 91204	Vote	er Contact		\$184.50	\$184.50	
10/7/2003	Boris Leiva Los Angeles, CA 90044	Vote	er Contact		\$23.33	\$321.53	
10/7/2003	Boris Leiva Los Angeles, CA 90044	Vote	er Contact		\$298.20	\$321.53	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>166</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sup	oported or Opposed					
	CANDIDATE	oportou or opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	1	CK ONE RT OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
0	andant Franciskana Mada						
-	endent Expenditures Made A	1			1	CUMULATIVE 1 CALENDAR	
DATE 10/7/2003	NAME AND ADDRE		DESCRIPTION OF r Contact	EXPENDITURE	\$299.37	(JAN.1 - DE \$299.37	
10/7/2003	Los Angeles, CA 90006	Vote	i Contact		\$299.37	\$299.37	
10/7/2003	Roberto Leyva Monterey Park, CA 91754	Vote	r Contact		\$23.33	\$351.17	
	,,,						
10/7/2003	Roberto Leyva	Vote	r Contact		\$327.84	\$351.17	
10/1/2003	Monterey Park, CA 91754	Voice	. Contact		φ327.04	ψ551.17	

Expendit	ental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	3		Page <u>167</u> of	327
	Amendment No 000	.	Date of election if (Month, Day,	applicable:		For Official Use	
	Report No CM1		10/7/2003				
. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREAS	URER			
CTDEET AD	DRESS (NO P.O. BOX)		MAILING ADDRES	SS			
SIREEI ADI	DRESS (NO F.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E	E-MAIL ADDRESS			
	f Candidate or Measure Sup	ported or Opposed	LOSSIOS COLUCIS OR US	D. ANID DIOTRICT	15 ADDI 10 ADI 5		IECK ONE
NAME OF CA	INDIDATE		OFFICE SOUGHT OR HEL	D AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indepe	ndent Expenditures Made Att	tach additional information on appropria	tely labeled continuation s	sheets.		CUMUII ATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
.0/7/2003	Jose Limas Los Angeles, CA 90011	Voter	Contact		\$23.33	\$340.54	
0/7/2003	Jose Limas Los Angeles, CA 90011	Voter	Contact		\$317.21	\$340.54	
0.77.0000					2072.05	\$272.0 5	
.0/7/2003	Alfonso Lopez Los Angeles, CA 90006	Voter	Contact		\$272.96	\$272.96	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	FENDITURI
•	UCTIONS ON REVERSE					160	227
	Amendment No 000	Amendment (Explain Belov		Date of election if applicable:		Page 168 of For Official Use	327 Only
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Sup	pported or Opposed				CHI	ECK ONE
	F CANDIDATE		OFFICE SOUGHT OR HEI	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made At	tach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE CALENDAF	
DATE			DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Arnoldo Lopez Los Angeles, CA 90037	Voter	Contact		\$327.84	\$327.84	
10/7/2003	Dalia Lopez Los Angeles, CA 90034	Voter	Contact		\$230.67	\$230.67	
10/7/2003	Dora Lopez Los Angeles, CA 90001	Voter	Contact		\$23.33	\$339.47	

Expen	diture Report	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	03		Page 169 of	327
	Amendment No 000	— — — — — — — — — — — — — — — — — — —	Date of election i	f applicable:			
	Amendment No 000						
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
			OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
			•		AMOUNT	CUMULATIVE CALENDAR	TO DATE R YEAR
10/7/2003	Dora Lopez					· · ·	.0.01)
0/20/2002		DI.	D. 1		0461.10	Ø1 012 20	
9/30/2003		Phone	евапк		\$461.10	\$1,013.20	
10/6/2003	German Castanon Lopez Los Angeles, CA 90037	Phone	eBank		\$221.64	\$1,013.20	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>170</u> of	327
	Amendment No 000	- (Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	tee)		
COMMITTER	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	oported or Opposed				СН	ECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	ndent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - Di	TO DATE R YEAR FC 31)
10/7/2003	Jorge Lopez Reseda, CA 91335	Voter	Contact		\$307.75	\$307.75	,
10/7/2003	Luisa Lopez Los Angeles, CA 90028	Voter	Contact		\$332.46	\$332.46	
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$23.33	\$350.00	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>171</u> of _	327
A	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$293.43	\$350.00	,
10/7/2003	Maria Lopez Los Angeles, CA 90005	Voter	Contact		\$33.24	\$350.00	
10/7/2003	Maria Lopez Hawthorne, CA 90250	Voter	Contact		\$290.98	\$290.98	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>172</u> of <u>3</u>	27
An	nendment No 000	- (Explain 5515)	Date of election in (Month, Day	f applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHC	NE
OPTIONAL: FAX	VE-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Su	pported or Opposed				CHEC	K ONE
NAME OF CAND			OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR	DATE (EAR
10/7/2003	Pablo Lopez		Contact	LAI ENDITORE	\$23.33	(JAN.1 - DEC \$322.70	.31)
	Los Angêles, CA 90044						
10/7/2003	Pablo Lopez Los Angeles, CA 90044	Voter	Contact		\$299.37	\$322.70	
9/30/2003	Rodrigo Lopez Los Angeles, CA 90019	Phone	eBank		\$263.88	\$849.34	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>173</u> of	327
1	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				OUT.	TOK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/6/2003	Rodrigo Lopez Los Angeles, CA 90019	Phone	Bank		\$204.40	\$849.34	
10/7/2003	Rodrigo Lopez Los Angeles, CA 90019	Voter	Contact		\$381.06	\$849.34	
10/7/2003	Rosa Lopez Los Angeles, CA 90047	Voter	Contact		\$23.33	\$322.70	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>174</u> of _	327
An	nendment No 000	-	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Rosa Lopez Los Angeles, CA 90047		r Contact	EXI ENDITORE	\$299.37	(JAN.1 - DEC	J.31)
10/7/2003	Yolanda Lopez Los Angeles, CA 90020	Votes	r Contact		\$307.75	\$307.75	
10/7/2003	Noe Lozano Los Angeles, CA 90057	Votes	r Contact		\$23.33	\$189.56	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>175</u> of	327
	Amendment No 000	— — — — — — — — — — — — — — — — — — —	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
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2. Name o	of Candidate or Measure Su	pported or Opposed				CUI	CK ONE
NAME OF CA		Physical Spheres	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BA	ILLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Noe Lozano Los Angeles, CA 90057	Voter	r Contact		\$166.23	\$189.56	·
9/30/2003	Angelina Lucero Los Angeles, CA 90006	Phone	eBank		\$435.59	\$963.20	
10/6/2003	Angelina Lucero Los Angeles, CA 90006	Phone	eBank		\$215.57	\$963.20	

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>176</u> of	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
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2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME O	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
	ependent Expenditures Made A	1			1	CUMULATIVE 1 CALENDAR	TO DATE
DAT 9/30/2003	E NAME AND ADDRE Lorena Luna		DESCRIPTION OF eBank	EXPENDITURE	\$435.59	(JAN.1 - DE \$986.53	C.31)
	Los Angeles, CA 90016						
10/6/2003	Lorena Luna Los Angeles, CA 90016	Phone	eBank		\$215.57	\$986.53	
10/7/2003	Lorena Luna Los Angeles, CA 90016	Voter	Contact		\$23.33	\$986.53	

	nental Independent	Type or print in ink.	Report cover	s period	Date Stamp	AL INDEPENDENT EXPE	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from 9/21/200	3	1/12/2004	CALIFORNIA 4	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>177</u> of <u>1</u>	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
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NAME OF B	SALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Maria Luna Huntington Park, CA 90255	Vote	er Contact		\$23.33	\$339.47	
10/7/2003	Maria Luna Huntington Park, CA 90255	Vote	er Contact		\$316.14	\$339.47	
9/30/2003	Maria Magallon Bell, CA 90201	Phor	neBank		\$417.55	\$932.09	

Expendit	ental Independent cure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>178</u> of _	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF CA			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/6/2003	Maria Magallon Bell, CA 90201	Phon	eBank		\$212.23	\$932.09	,
9/30/2003	Rosa Maldonado Los Angeles, CA 90058	Phon	neBank		\$435.72	\$977.42	
10/6/2003	Rosa Maldonado Los Angeles, CA 90058	Phon	eBank		\$221.64	\$977.42	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>179</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use (
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
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NAME OF	CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE	SUPPOR	T OPPOSE
NAME OF I	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Alma Mancia Los Angeles, CA 90037	Votes	r Contact		\$316.14	\$316.14	
10/7/2003	Cristina Marcial Los Angeles, CA 90057	Votes	r Contact		\$323.14	\$323.14	
10/7/2003	Blanca Marin Los Angeles, CA 90057	Votes	r Contact		\$212.23	\$212.23	

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
ONS ON REVERSE	Amendment (Explain Below	through 12/31/200	3		Page 180 of 3	327
Amendment No 000	—	Date of election if	applicable:			
Report No CM1	_	10/7/2003				
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
FILER'S NAME		NAME OF TREAS	SURER			
RESS (NO P.O. BOX)		MAILING ADDRE	SS			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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DIDATE		OFFICE SOUGHT OR HEI	LD AND DISTRICT, I	F APPLICABLE		T OPPOSE
LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
<u>.</u>	1			AMOUNT	CUMULATIVE TO CALENDAR	O DATE YEAR
Eva Mariscal			AT ENDITORE	\$332.46	\$332.46	,.31)
Los Aligeres, CA 70037						
Everado Marquez Los Angeles, CA 90006	Voter	Contact		\$310.29	\$310.29	
Nathan Marquez Norwalk, CA 90650	Voter	Contact		\$23.33	\$355.79	
	Amendment No Report No Report No CM1 tee/Filer Information FILER'S NAME RESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Su DIDATE LOT MEASURE NAME AND ADDRE Eva Mariscal Los Angeles, CA 90006 Everado Marquez Los Angeles, CA 90006	Amounts may be rounded to whole dollars. ONS ON REVERSE	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Sections 84203.5 Amounts may be rounded to whole dollars.	Type or print in ink. Type or print in ink. Amounts may be rounded to whole dollars. In a Amendment No ONS ON REVERSE	Amounts may be rounded to whole dollars. Sections 84203.5) DNS ON REVERSE Immendment No 000 Report No CMI I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAXE-MAIL ADDRESS Candidate or Measure Supported or Opposed CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Suppose CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPOSE CHECK SOUGHT OR HELD AND DISTRICT, IF AP

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SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>181</u> of	327
An	nendment No 000			f applicable:		For Official Use	
	Report No CM1 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS OFTIONAL: FAX/E-MAIL ADDRESS OFTIONAL: FAX/E-MAIL ADDRESS BALLOT MEASURE BALLOT MEASURE JURISDICTION						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FIL	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
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NAME OF CAND		- предоставления	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE 1 CALENDAR	O DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	YEAR C.31)
10/7/2003	Nathan Marquez Norwalk, CA 90650	Vote	er Contact		\$332.46	\$355.79	
9/30/2003	Victoria Marquez Los Angeles, CA 90019	Phor	neBank		\$435.59	\$963.20	
10/6/2003	Victoria Marquez Los Angeles, CA 90019	Phor	neBank		\$215.57	\$963.20	

Supplemen Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page of	327
Am	endment No 000	- (2,pam 500	Date of election i (Month, Day	f applicable:		For Official Use 0	
	Report No CMI ILD. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE STAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS						
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
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2. Name of C	andidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDIE	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALLOT	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independe	ent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Yesica Marquez Los Angeles, CA 90020		r Contact		\$184.50	\$184.50	<i>5.</i> 51)
10/7/2003	Osvaldo Marrone Santa Ana, CA 92701	Vote	r Contact		\$184.50	\$184.50	
9/30/2003	Rafael Marroquin Los Angeles, CA 90005	Phon	eBank		\$426.50	\$941.11	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers p	period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/2003</u>			Page of	327
4	Amendment No 000			pplicable:		For Official Use	
	Report No CM1						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient committee)			
COMMITTEE/	FILER'S NAME		NAME OF TREASU	JRER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRES	S			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Su	pported or Opposed				СНЕ	CK ONE
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NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER .	JURISDICTION		SUPPOI	RT OPPOSE
•	ndent Expenditures Made A	1				CUMULATIVE 7	O DATE YEAR
DATE 10/6/2003	NAME AND ADDRE	Phone	DESCRIPTION OF EX	PENDITURE	\$209.07	(JAN.1 - DE \$941.11	C.31)
	Los Angeles, ČA 90005						
10/7/2003	Angelica Martinez Montebello, CA 90640	Voter	Contact		\$194.48	\$194.48	
	Carlos Martinez						

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>184</u> of	327
	Amendment No 000			applicable: , Year)		For Official Use	
	Report No CM1	-	10/7/2003				
. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
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	of Candidate or Measure Sup	ported or Opposed	T				IECK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE	SUPPO	ORT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepe	ndent Expenditures Made At	tach additional information on appropria	tely labeled continuation	sheets.		CUMUI ATIVE	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
9/30/2003	Flor Martinez Rosemead, CA 91770	Phone	Bank		\$408.46	\$876.74	
0/6/2003	Flor Martinez Rosemead, CA 91770	Phone	Bank		\$204.40	\$876.74	
.0/7/2003	Juan Martinez	V	Contact		\$23.33	\$340.54	
.0/1/2003	Los Angeles, CA 90059	Voter	Contact		φ23.33	9340.34	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page of	327
Aı	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1 10/7/2003 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS						
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
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NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
-	dent Expenditures Made A				l mount	CUMULATIVE 1 CALENDAR	O DATE
DATE 10/7/2003	NAME AND ADDRE Juan Martinez		DESCRIPTION OF r Contact	EXPENDITURE	\$317.21	(JAN.1 - DE \$340.54	C.31)
	Los Angeles, CA 90059						
10/7/2003	Maria Martinez Los Angeles, CA 90006	Votes	r Contact		\$310.29	\$310.29	
10/7/2003	Mariana Martinez Los Angeles, CA 90057	Votes	r Contact		\$156.53	\$156.53	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
Aı	mendment No 000			if applicable: y, Year)		For Official Use	
	Report No CMI I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE AX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed DIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR
10/7/2003	Patricia Martinez Los Angeles, CA 90023		r Contact		\$23.33	\$333.62	0.01)
10/7/2003	Patricia Martinez Los Angeles, CA 90023	Voter	r Contact		\$310.29	\$333.62	
10/7/2003	Rosaura Martinez Hawthorne, CA 90250	Voter	r Contact		\$307.75	\$307.75	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page of	327
Ar	mendment No 000			if applicable:		For Official Use	
	Report No CM1 ILD. NUMBER (if recipient committee) ILD. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE LLOT MEASURE BALLOT NO/LETTER JURISDICTION						
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1	O DATE
10/7/2003	Rosa Martinez		r Contact	EXI ENDITORE	\$327.84	(JAN.1 - DE \$327.84	0.31)
	Los Angeles, CA 90026						
10/7/2003	Teresa Martinez Rosemead, CA 91770	Votes	r Contact		\$317.21	\$317.21	
9/30/2003	Walter Martinez Los Angeles, CA 90038	Phon	eBank		\$454.60	\$1,001.53	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC <u>TIO</u>	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	03		Page of	327
Ai	mendment No 000	Antenument (Explain Beld	Date of election i	f applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
OTDEET ADDO	FOO (NO P.O. POV)	_	MAILING ADDR	ESS			
SIREELADDR	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of OND	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made Att	1	iately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR	YEAR
10/6/2003	Walter Martinez		neBank	LXI LINDITORE	\$221.64	(JAN.1 - DEC \$1,001.53	J.31)
	Los Angeles, CA 90038						
10/7/2003	Blanca Mayorga Los Angeles, CA 90057	Vote	er Contact		\$161.84	\$161.84	
10/7/2003	Carmen Mayorga Los Angeles, CA 90004	Vote	er Contact		\$307.75	\$307.75	

	ental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT/ Date Stamp	AL INDEPENDENT EXP	ENDITURI
	ture Report ode Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>189</u> of _	327
	Amendment No 000			f applicable: y, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
0 Nama	f Can didata an Masanna Com						
NAME OF CA	f Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT	E ADDI ICARI E		CK ONE
NAME OF CA	אואטוטאוו		OTTIOL SOCIAL OKTI	LED AND DISTRICT,	T ALL EIGABEE	307707	OFFOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepei	ndent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Vilma Mayorga Inglewood, CA 90301	Vote	er Contact		\$307.75	\$307.75	
10/7/2003	Lourdes Mayorquin	Vote	er Contact		\$23.33	\$339.47	
	Los Angeles, CÅ 90044						
10/7/2003	Lourdes Mayorquin Los Angeles, CA 90044	Vote	er Contact		\$316.14	\$339.47	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page _190 of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CMI 10/7/2003 I.D. NUMBER (if recipient committee) Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS TATE ZIP CODE AREA CODE/PHONE TAX/E-MAIL ADDRESS TOPHONAL: FAX/E-MAIL ADDRESS F Candidate or Measure Supported or Opposed NDIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE LOT MEASURE BALLOT NO/LETTER JURISDICTION						
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Rosa Meda Southgate, CA 90280	Votes	r Contact		\$310.29	\$310.29	·
9/30/2003	Jose Medina South Gate, CA 90280	Phon	eBank		\$369.55	\$771.73	
10/6/2003	Jose Medina South Gate, CA 90280	Phon	eBank		\$217.56	\$771.73	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	003		Page 191 of	327
4	Amendment No 000			f applicable:		For Official Use	
	Report No CMI 107/2003 107/200						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	ECK ONE
NAME OF CAN		Photograph and a ship	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	ndent Expenditures Made A	1	itely labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/6/2003	Nidia Medina Los Angeles, CA 90059	Phone	Bank		\$263.88	\$263.88	
10/7/2003	Ana Medrano Los Angeles, CA 90019	Voter	Contact		\$327.84	\$327.84	
10/7/2003	Pilar Medrano Los Angeles, CA 90047	Voter	Contact		\$11.66	\$244.38	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	mendment No 000	000		if applicable:		For Official Use	
	Report No CM1						
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Pilar Medrano Los Angeles, CA 90047	Voter	Contact		\$199.48	\$244.38	
10/7/2003	Pilar Medrano Los Angeles, CA 90047	Voter	Contact		\$33.24	\$244.38	
10/7/2003	Eva Mejia Los Angeles, CA 90058	Voter	Contact		\$199.48	\$398.96	

Supplemen Expenditur	tal Independent e Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	ndituri 65
Government Code S	sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	
SEE INSTRUCTIONS	S ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>193</u> of <u>3</u>	27
Ame	endment No 000		Date of election i	f applicable:		For Official Use C	
	Report No CM1		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient cor	mmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	E AREA CODE/PHC	NE
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS	S		
2. Name of C	andidate or Measure Sup	ported or Opposed				CUEC	K ONE
NAME OF CANDID	•	решения съррения	OFFICE SOUGHT OR HI	ELD AND DISTRIC	T, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropria	ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/7/2003	Eva Mejia Los Angeles, CA 90058	Votes	r Contact		\$99.74	\$398.96	
10/7/2003	Eva Mejia Los Angeles, CA 90058	Votes	r Contact		\$99.74	\$398.96	
10/7/2003	Jose Tomas Mejia Los Angeles, CA 90065	Voter	r Contact		\$23.33	\$331.08	

Expendit	ental Independent ture Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	165
•	ode Sections 84203.5)	to whole delidies	from9/21/200	13			
	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page of	327
	Amendment No 000	-	Date of election i (Month, Day			For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE	E/FILER'S NAME	I	NAME OF TREA	SURER			
STREET ANI	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
JIKELI ADI	DNESS (NO F.O. BOX)		CITY		STATE ZIP CO	DE AREA CODE/PH	JONE
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITT		STATE ZIPOU	DE AREA CODE/FF	IONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	f Candidate or Measure Sup	oported or Opposed				СНЕ	ECK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE	SUPPO	RT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE -	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	RYEAR
10/7/2003	Jose Tomas Mejia Los Angeles, CA 90065	Vote	er Contact		\$307.75	\$331.08	
10/7/2003	Pablo Inocente Mejia	Vote	er Contact		\$23.33	\$346.47	
10/7/2003	Sun Valley, CA 91352	Voice	Contact		φ23.33	ψ3+0.+7	
10/7/2003	Pablo Inocente Mejia Sun Valley, CA 91352	Vote	er Contact		\$323.14	\$346.47	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3	1,12,2001	FORM 4	U
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page 195 of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Nome	of Condidate or Magazina Sira	anastad as Onnacad					
	of Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT.	IF APPLICABLE		CK ONE
				,		22.7.2.	
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Israel Melendez Los Angeles, CA 90005	Vote	r Contact		\$23.33	\$333.62	
10/7/2003	Israel Melendez Los Angeles, CA 90005	Votes	r Contact		\$310.29	\$333.62	
					400.5		
10/7/2003	Dolores Mena Los Angeles, CA 90004	Votes	r Contact		\$23.33	\$314.31	
	1					1	

Supplement Expenditur Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA 4 FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/200</u>	3		Page 196 of 3	27
Am	endment No 000	. Americaniem (Explain Belo	Date of election if (Month, Day,	applicable:		For Official Use C	
	Report No CM1		10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE/FILE	ER'S NAME		NAME OF TREAS	SURER			
STREET ADDRES	SS (NO P.O. BOX)		MAILING ADDRES	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	NE
OPTIONAL: FAX/	E-MAIL ADDRESS		OPTIONAL: FAX/I	E-MAIL ADDRESS			
2. Name of C	candidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	DATE		OFFICE SOUGHT OR HEL	LD AND DISTRICT,	IF APPLICABLE	1	OPPOSE
NAME OF BALLOT	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	ent Expenditures Made Att	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Dolores Mena Los Angeles, CA 90004	Vote	r Contact		\$290.98	\$314.31	
10/7/2003	Zoila Mencos Los Angeles, CA 90057	Vote	r Contact		\$23.33	\$172.76	
	The state of the s				I		

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Ana Mendez Los Angeles, CA 90005	Voter	·Contact		\$294.74	\$294.74	
10/7/2003	Cesar Mendez Los Angeles, CA 90011	Voter	Contact		\$23.33	\$254.00	
10/7/2003	Cesar Mendez Los Angeles, CA 90011	Voter	Contact		\$230.67	\$254.00	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _198 of _	327
A	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Photos Shires	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Voter	Contact		\$23.33	\$355.78	
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Voter	Contact		\$299.21	\$355.78	
10/7/2003	Jesus Mendez Los Angeles, CA 90063	Voter	Contact		\$33.24	\$355.78	

	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from 9/21/2003	Date Stamp 1/12/2004	CALIFORNIA FORM	65
TIONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/2003		Page 199 of 32	27
Amendment No 000	- — — — — — — — — — — — — — — — — — — —		le:	For Official Use Or	
Report No CM1	-	10/7/2003	_		
ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipi	ent committee)		
E/FILER'S NAME		NAME OF TREASURER			
DDRESS (NO P.O. BOX)		MAILING ADDRESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHOI	NE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL AD	DRESS		
of Candidate or Measure Sup	oported or Opposed			CHEC	K ONE
ANDIDATE		OFFICE SOUGHT OR HELD AND DI	STRICT, IF APPLICABLE	SUPPORT	
ALLOT MEASURE		BALLOT NO./LETTER JURISDIC	ETION	SUPPORT	OPPOSE
<u>-</u>	1		IDE AMOUNT	CUMULATIVE TO CALENDAR Y	DATE EAR
Armando Mendiola			\$23.33	\$340.54	31)
Hawthorne, CA 90250					
Armando Mendiola Hawthorne, CA 90250	Voter	Contact	\$317.21	\$340.54	
	ture Report Code Sections 84203.5) TIONS ON REVERSE Amendment No CM1 Ittee/Filer Information E/FILER'S NAME DDRESS (NO P.O. BOX) STATE FAX/E-MAIL ADDRESS Of Candidate or Measure Supandidate ALLOT MEASURE Endent Expenditures Made A NAME AND ADDRE Armando Mendiola	Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No 000 Report No CM1 ittee/Filer Information E/FILER'S NAME DDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS Of Candidate or Measure Supported or Opposed ANDIDATE Endent Expenditures Made Attach additional information on appropria	Amounts may be rounded to whole dollars. TIONS ON REVERSE Amendment No O00 Report No CM1 ID. NUMBER (if recipient committee) FAITE AREA CODE/PHONE TRANE-MAIL ADDRESS OF Candidate or Measure Supported or Opposed ANDIDATE AMOUNTS MAY BE TOUNDED TO THE SOUGHT OR HELD AND DISTRICT OF FICE SOUGHT OR HELD AND DISTRICT OF FAXE-MAIL ADDRESS CORRESS (NO P.O. BOX) TO Candidate or Measure Supported or Opposed ALLOT MEASURE BALLOT NO/LETTER JURISDIC CONTROL OF EXPENDITE AMME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITE Armando Mendiola Voter Contact	Amounts may be rounded to whole dollars. From 9/21/2003 Through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OFTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS OFTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADD	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Amendment No 000 Report No CMI ID. NUMBER (if recipient committee) Treasurer (ir recipient committee) NAME OF TREASURER TATE ZIP CODE AREA CODE/PHONE FAX'E-MAIL ADDRESS OF Candidate or Measure Supported or Opposed AMAILOT MEASURE BALLOT NO./LETTER JURISDICTION BALLOT MEASURE BALLOT NO./LETTER JURISDICTION NAME AND ADDRESS OF PAYEE DESCRIPTION of EXPLICATION Supporting to MADUNT (JANT) DEC CALENDARY (JANT) DEC CAL

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page 200 of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
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2 Nama	of Candidata or Magazira Sur	anartad ar Onnacad					
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT. I	F APPLICABLE		CK ONE
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3. Indep	endent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Ismael Mendiola Hawthorne, CA 90250	Vote	er Contact		\$299.37	\$322.70	
10/7/2003	Jose Mendoza Los Angeles, CA 90019	Vote	er Contact		\$288.28	\$321.52	
10/5/2002					400.04	2224.72	
10/7/2003	Jose Mendoza Los Angeles, CA 90019	Vote	er Contact		\$33.24	\$321.52	
	1					1	

	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
	de Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	iUJ
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>201</u> of	327
4	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
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2 Nama at	f Candidata or Magaura Sur	anartad ar Onnacad					
NAME OF CAN	f Candidate or Measure Sup	phorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indeper	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE [.]	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	
10/7/2003	Josepfa Mendoza Los Angeles, CA 90044	Vote	r Contact		\$317.21	\$317.21	
10/7/2003	Maria Teresa Mendoza Lancaster, CA 93535	Vote	r Contact		\$23.33	\$289.30	
10/7/2003	Maria Teresa Mendoza Lancaster, CA 93535	Vote	r Contact		\$265.97	\$289.30	

Supplemer Expenditui	ntal Independent re Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
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SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>202</u> of	327
Am	nendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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NAME OF CANDI	<u>-</u>	phorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Sarah Mendoza Los Angeles, CA 90022	Vote	er Contact		\$290.98	\$290.98	
10/7/2003	Victor Mendoza Los Angeles, CA 90004	Vote	er Contact		\$23.33	\$351.17	
10/7/2003	Victor Mendoza Los Angeles, CA 90004	Vote	er Contact		\$327.84	\$351.17	
	205 Augeles, CA 70004						

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 203 of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
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NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Ofelia Meneses Los Angeles, CA 90002	Voter	Contact		\$23.33	\$344.85	,
10/7/2003	Ofelia Meneses Los Angeles, CA 90002	Voter	Contact		\$288.28	\$344.85	
10/7/2003	Ofelia Meneses Los Angeles, CA 90002	Voter	Contact		\$33.24	\$344.85	

. Commit	Amendment No 000 Report No CM1	through 12/31/2003 Date of election if applica (Month, Day, Year) 10/7/2003 Date of election if applica (Month, Day, Year) 10/7/2003 Treasurer (If reciping NAME OF TREASURER MAILING ADDRESS	_	For Official Use Only
. Commit	Amendment No 000 Report No CM1 ittee/Filer Information E/FILER'S NAME	Date of election if applica (Month, Day, Year) 10/7/2003 Treasurer (If recipinate of the complete of the com	_	
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COMMITTEE	E/FILER'S NAME	NAME OF TREASURER	ent committee)	
STREET ADD	DDRESS (NO P.O. BOX)	MAILING ADDRESS		
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. Name of	of Candidate or Measure Supported o	or Opposed		CHECK ONE
NAME OF CAN	ANDIDATE	OFFICE SOUGHT OR HELD AND D	STRICT, IF APPLICABLE	SUPPORT OPPOSE
NAME OF BAL	ALLOT MEASURE	BALLOT NO./LETTER JURISD	TION	SUPPORT OPPOSE
S. Indeper	endent Expenditures Made Attach addition	al information on appropriately labeled continuation sheets.	JRE AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR
0/30/2003	Belkys Carolina Menjivar Los Angeles, CA 90018	PhoneBank	\$444.80	(JAN.1 - DEC.31) \$956.06
01/2/2022		PhoneBank	\$184.70	\$956.06
0/6/2003	Belkys Carolina Menjivar Los Angeles, CA 90018		\$11.66	\$111.40
0/30/2003	Los Ángeles, CA 90018	PhoneBank PhoneBank	\$184.70	

if applicable: y, Year) (If recipient committee ASURER ESS	ee)	Page 205 of 327 For Official Use Only
if applicable: y, Year)	ee)	
SURER	ee)	
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ESS		
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(/E-MAIL ADDRESS		
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ELD AND DISTRICT, IF A	PPLICABLE	SUPPORT OPPOS
JURISDICTION		SUPPORT OPPOS
n sheets.	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR
EXPENDITURE	\$99.74	(JAN.1 - DEC.31) \$111.40
EXPENDITURE		
EXPENDITURE		
EXPENDITURE	\$295.52	\$295.52
OF		

	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from 9/21/2003	Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>		Page <u>206</u> of <u>3</u>	27
A	Amendment No 000	-	Date of election if applicable: (Month, Day, Year)	-	For Official Use O	
	Report No CM1	-	10/7/2003			
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipient	t committee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDRESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHO	NE
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		pported of Opposed	OFFICE SOUGHT OR HELD AND DISTI			OPPOSE
NAME OF BALI	LOT MEASURE Ident Expenditures Made A	ttach additional information on appropri	BALLOT NO./LETTER JURISDICTION	ON	SUPPORT SUPPORT CUMULATIVE TO CALENDAR Y	OPPOSE OPPOSE DATE EAR
NAME OF BALI	IDIDATE LOT MEASURE	ttach additional information on appropri	BALLOT NO./LETTER JURISDICTION	ON	SUPPORT	OPPOSE OPPOSE DATE EAR
NAME OF BALI 3. Indepen DATE	LOT MEASURE Ident Expenditures Made A NAME AND ADDRE	ttach additional information on appropri	BALLOT NO./LETTER JURISDICTION ately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	ON AMOUNT	SUPPORT SUPPORT CUMULATIVE TO CALENDAR Y (JAN.1 - DEC.	OPPOSE OPPOSE DATE EAR
NAME OF BALI 3. Indepen DATE	LOT MEASURE Ident Expenditures Made A NAME AND ADDRE	ttach additional information on appropri	BALLOT NO./LETTER JURISDICTION ately labeled continuation sheets. DESCRIPTION OF EXPENDITURE	ON AMOUNT	SUPPORT SUPPORT CUMULATIVE TO CALENDAR Y (JAN.1 - DEC.	OPPOSE OPPOSE DATE EAR

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page <u>207</u> of	327
	Amendment No 000	- Landing (Expan) Book	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	HONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	oported or Opposed				CHI	ECK ONE
NAME OF CA		- Province - SPP - STA	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR EC.31)
10/6/2003	Blanca Monroy Los Angeles, CA 90006	Phone	Bank		\$221.64	\$851.37	
10/7/2003	Enrique Montano Los Angeles, CA 90015	Voter	Contact		\$303.44	\$303.44	
10/7/2003	Josue Montano Los Angeles, CA 90015	Voter	Contact		\$323.08	\$323.08	

	nental Independent	Type or print in ink.	Report covers	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXPE	NDITURI
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	FORM 4	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	03		Page 208 of 3	27
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	NE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	oported or Opposed					K ONE
NAME OF C	CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR \ (JAN.1 - DEC	
10/7/2003	Maria de la Luz Montelongo Compton, CA 90222	Vote	er Contact		\$23.33	\$331.08	
10/7/2003	Maria de la Luz Montelongo Compton, CA 90222	Vote	er Contact		\$307.75	\$331.08	
10/7/2003	Ronald Montenegro Anaheim, CA 92806	Vote	er Contact		\$323.08	\$323.08	
						1	

	nental Independent	Type or print in ink.	Report covers	s period	Date Stamp	AL INDEPENDENT EXPE	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	CALIFORNIA FORM	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>209</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	iittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
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DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Jose Pedro Morales Los Angeles, CA 90023	Voter	Contact		\$23.33	\$374.50	
10/7/2003	Jose Pedro Morales Los Angeles, CA 90023	Voter	Contact		\$23.33	\$374.50	
10/7/2003	Jose Pedro Morales Los Angeles, CA 90023	Voter	Contact		\$327.84	\$374.50	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from $\frac{9/21/2003}{}$	Date Stamp 1/12/2004	CALIFORNIA 465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/2003</u>		Page 210 of 327
A	mendment No 000	-	Date of election if applica (Month, Day, Year)	ble:	For Official Use Only
	Report No CM1	-	10/7/2003	_	
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recip	pient committee)	
COMMITTEE/	FILER'S NAME		NAME OF TREASURER		
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
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NAME OF BAL					
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	LOT MEASURE		BALLOT NO./LETTER JURISD	ICTION	SUPPORT OPPOSE
3. Indepen	LOT MEASURE dent Expenditures Made A	tach additional information on appropr		ICTION	
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-	dent Expenditures Made A	SS OF PAYEE	ately labeled continuation sheets.		CUMULATIVE TO DATE CALENDAR YEAR
DATE	dent Expenditures Made A NAME AND ADDRE Jose Morales	SS OF PAYEE Vote	ately labeled continuation sheets. DESCRIPTION OF EXPENDIT	TURE AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page 211 of	327
	Amendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	T ADDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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NAME O	F CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Inde	pendent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Maria Rosario Morales Whittier, CA 90606		er Contact	EXI ENDITORE	\$23.33	(JAN.1 - DE) \$339.47	J.J1)
10/7/2003	Maria Rosario Morales Whittier, CA 90606	Vote	er Contact		\$316.14	\$339.47	
10/7/2003	Maria Elena Morales North Hollywood, CA 91606	Vote	r Contact		\$316.14	\$316.14	

ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers prom 9/21/2003	period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
ONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/2003			Page 212 of	327
Amendment No 000	-	Date of election if a	pplicable:			
Report No CM1	_	10/7/2003				
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient committe	ee)		
FILER'S NAME		NAME OF TREASU	JRER			
RESS (NO P.O. BOX)		MAILING ADDRES	S			
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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Candidate or Measure Su	pported or Opposed				CHE	CK ONE
DIDATE		OFFICE SOUGHT OR HELI	D AND DISTRICT, IF A	PPLICABLE		T OPPOSE
LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
<u>-</u>				AMOUNT	CUMULATIVE TO CALENDAR	O DATE YEAR
Natalie Morales			PENDITURE	\$408.46	(JAN.1 - DEC	5.31)
Paramount, CA 90723						
Natalie Morales Paramount, CA 90723	Phone	eBank		\$173.59	\$875.27	
	II .					
	Ire Report le Sections 84203.5) DNS ON REVERSE Imendment No 000 Report No CM1 Itee/Filer Information FILER'S NAME RESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Suddidate DIDATE OT MEASURE NAME AND ADDRESS Natalie Morales Paramount, CA 90723	Amounts may be rounded to whole dollars. DINS ON REVERSE	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9/21/2003	Amounts may be rounded to whole dollars. Sections 84203.5 Amendment (Explain Below)	Type or print in ink. Amounts may be rounded to whole dollars. Type of print in ink. Amounts may be rounded to whole dollars. Type of print in ink. Amounts may be rounded to whole dollars. Through 12/31/2003 Date of election if applicable: (Month, Day, Year) Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS Treasurer (if recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CO EXCE-MAIL ADDRESS Candidate or Measure Supported or Opposed DIDATE OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE OF MEASURE BALLOT NO/LETTER JURISDICTION dent Expenditures Made Attach additional information on appropriately labeled continuation sheets. NAME AND ADDRESS OF PAYEE DESCRIPTION OF EXPENDITURE AMOUNT Natalie Morales PhoneBank Natalie Morales PhoneBank S173.59	Amounts may be rounded to whole dollars. DNS ON REVERSE

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from 9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/200</u>	3		Page 213 of 3	327
Ar	mendment No 000	(Date of election if (Month, Day,	applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREAS	URER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHEC	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HEI	LD AND DISTRICT, II	APPLICABLE		OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation of ESCRIPTION OF E		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	DATE YEAR
10/7/2003	Silma Morales Inglewood, CA 90304		Contact	XI ENDITORE	\$316.14	\$316.14	.31)
10/7/2003	Benigno Moreno Los Angeles, CA 90017	Voter	Contact		\$23.45	\$253.24	
10/7/2003	Benigno Moreno Los Ángeles, CA 90017	Voter	Contact		\$229.79	\$253.24	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 214 of	327
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Mercedes Moreno Los Angeles, CA 90026	Voter	r Contact		\$184.50	\$184.50	,
10/7/2003	Miguel Moreno Los Angeles, CA 90032	Voter	r Contact		\$232.72	\$232.72	
10/7/2003	Anthony Muniz Los Angeles, CA 90042	Votei	r Contact		\$165.20	\$165.20	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	165
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/20</u>	03		Page 215 of	327
A	mendment No 000	(,pain book	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/P	HONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CH	ECK ONE
NAME OF CANE			OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		ORT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	DRT OPPOSE
3. Independ	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	TO DATE R YEAR
10/7/2003	Aida Munoz Los Angeles, CA 90044		Contact		\$299.37	\$299.37	20.01)
10/7/2003	Jose Munoz Los Angeles, CA 90020	Voter	Contact		\$149.61	\$149.61	
10/7/2003	Luis Murillo Los Angeles, CA 90015	Voter	Contact		\$23.33	\$331.08	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURI
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>216</u> of	327
A	Amendment No 000	. Amenument (Explain Beld	Date of election i	f applicable:		For Official Use	
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
OTDEET ADD	DECC (NO D.O. DOV)	_	MAILING ADDR	ESS			
STREET ADDI	RESS (NO P.O. BOX)						
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2. Name of NAME OF CAN	Candidate or Measure Sup	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		ECK ONE ORT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	ORT OPPOSE
3. Indepen DATE 10/7/2003	ndent Expenditures Made At NAME AND ADDRES Luis Murillo	SS OF PAYEE	iately labeled continuation DESCRIPTION OF er Contact		\$307.75	CUMULATIVE CALENDAI (JAN.1 - DE	R YEAR
10/ // 2003	Los Angeles, CA 90015	Vote	er Contact		\$307.73	\$331.06	
10/7/2003	Maria Murillo Bell Gardens, CA 90201	Vote	er Contact		\$11.66	\$177.89	
10/7/2003	Maria Murillo Bell Gardens, CA 90201	Vote	er Contact		\$166.23	\$177.89	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from 9/21/2003		CALIFORNIA 465
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/2003</u>		Page 217 of 327
Amendment No 000		-	Date of election if appli (Month, Day, Year		For Official Use Only
	Report No CM1	_	10/7/2003		
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If re	ecipient committee)	
COMMITTEE/F	FILER'S NAME		NAME OF TREASURER	2	
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP	P CODE AREA CODE/PHONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAI	IL ADDRESS	
2. Name of	Candidate or Measure Su	pported or Opposed			CUECK ONE
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	07.45.401.05			ADDIOTION.	
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER JURI	ISDICTION	SUPPORT OPPOSE
3. Indepen	dent Expenditures Made A	attach additional information on appropria	tely labeled continuation sheet	ds.	CUMULATIVE TO DATE CALENDAR YEAR
DATE	NAME AND ADDRE		DESCRIPTION OF EXPEN		(JAN.1 - DEC.31)
10/7/2003	Julia Murrales Los Angeles, CA 90037	Voter	Contact	\$310.29	\$310.29
10/7/2003	Blanca Etela Narvaez Cudahy, CA 90201	Voter	Contact	\$11.66	\$177.89
	1			l l	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 218 of _	327
Amendment No 000		-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPOR	OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Angela Narvalles Commerce, CA 90040	Voter	Contact		\$290.98	\$290.98	/
10/7/2003	Natalia Nicolas Los Angeles, CA 90006	Voter	Contact		\$191.46	\$191.46	
10/7/2003	Sonia Nieves Los Angeles, CA 90002	Voter	Contact		\$299.37	\$299.37	

	nental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM Z	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>219</u> of	327
	Amendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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NAME OF C	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT. I	F APPLICABLE		CK ONE
				,			
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Carmen Nunez Los Angeles, CA 90027	Votes	r Contact		\$307.75	\$307.75	
10/7/2003	David Nunez Bell, CA 90201	Votes	r Contact		\$23.33	\$214.79	
10/7/2003	David Nunez Bell, CA 90201	Votes	r Contact		\$191.46	\$214.79	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>220</u> of _	327
	Amendment No 000	- (Explain 5515)	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	itee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET AL	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF C		Ph	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Edgar Nunez Los Angeles, CA 90001	Voter	Contact		\$23.33	\$207.83	
10/7/2003	Edgar Nunez Los Angeles, CA 90001	Voter	Contact		\$184.50	\$207.83	
10/7/2003	Jose Nunez Los Angeles, CA 90027	Voter	Contact		\$307.75	\$307.75	

Supplemen Expenditure Government Code S		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIONS	,	Amondment (5.1.5)		003		D 221 3	27
Ame	endment No 000	Amendment (Explain Belo	through 12/31/20 Date of election in (Month, Date)	if applicable:		For Official Use C	
	Report No CM1		10/7/2003				
1. Committee	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient con	nmittee)		
COMMITTEE/FILE	R'S NAME		NAME OF TREA	SURER			
STREET ADDRES	S (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/PHC	NE
OPTIONAL: FAX/E	E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of Ca	andidate or Measure Sup	ported or Opposed				CHEC	K ONE
NAME OF CANDID	ATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		OPPOSE
NAME OF BALLOT	MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independe	ent Expenditures Made Att	ach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Oscar Nunez Los Angeles, CA 90001	Vote	r Contact		\$184.50	\$184.50	
10/7/2003	Salvador Nunez Los Angeles, CA 90006	Vote	r Contact		\$23.33	\$253.12	
10/7/2003	Salvador Nunez Los Angeles, CA 90006	Vote	r Contact		\$229.79	\$253.12	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>222</u> of	327
Amendment No 000		-	Date of election in (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ndent Expenditures Made A	1	iately labeled continuation DESCRIPTION OF 1		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Maria Nuno Los Angeles, CA 90011	Vote	er Contact		\$332.46	\$332.46	0.0 .,
9/30/2003	Carlos O'Campo Glendale, CA 91206	Phor	neBank		\$445.85	\$851.86	
10/6/2003	Carlos O'Campo Glendale, CA 91206	Phon	neBank		\$221.31	\$851.86	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	EUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>223</u> of	327
	Amendment No 000	_ <u> </u>	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DE AREA CODE/PH	ONE
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2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
	pendent Expenditures Made A	1	•		, MOUNT	CUMULATIVE 1 CALENDAR	O DATE YEAR
DAT 10/7/2003	Manuel Oceguera		DESCRIPTION OF r Contact	EXPENDITURE	\$246.56	(JAN.1 - DE \$246.56	C.31)
	Los Angeles, CA 90057						
9/30/2003	Daniel Olano Los Angeles, CA 90015	Phon	eBank		\$398.71	\$759.19	
10/6/2003	Daniel Olano Los Angeles, CA 90015	Phon	eBank		\$195.31	\$759.19	

Expenditu	ental Independent are Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>224</u> of <u>3</u>	327
Amendment No 000		-	Date of election i	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHEC	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HE	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	1	•		AMOUNT	CUMULATIVE TO CALENDAR	D DATE
10/7/2003	NAME AND ADDRE		DESCRIPTION OF I	EXPENDITURE	\$327.84	(JAN.1 - DEC	:.31)
	Los Angeles, CA 90022						
10/7/2003	Claudia Olivia Los Angeles, CA 90004	Voter	Contact		\$307.75	\$307.75	
10/7/2003	Santos Olmeda		Contact		\$211.62	\$211.62	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>225</u> of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Inde DAT 10/6/2003	pendent Expenditures Made A E NAME AND ADDRE Olson, Hagel & Fishburn LLP	ESS OF PAYEE	ately labeled continuation DESCRIPTION OF		AMOUNT \$173.59	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
	Sacramento, CA 95814						
	Heidy Arrivillaga Los Angeles, CA 90062	Phon	iebank		\$.00	\$.00	
9/24/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Vote	r Contact		\$1,033.50	\$1,103.73	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>226</u> of _	327
Amendment No 000				if applicable: y, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		, reserve to the second	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
9/27/2003	Orbit Party Rentals, Inc. Santa Fe Springs, CA 90670	Vote	er Contact		\$70.23	\$1,103.73	
10/7/2003	Silverio Rodriguez Ordonez Los Angeles, CA 90006	Vote	er Contact		\$323.08	\$323.08	
10/7/2003	Yolanda Orejel Los Angeles, CA 90006	Vote	er Contact		\$23.33	\$355.78	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>227</u> of _	327
Amendment No 000		-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CUE	CK ONE
NAME OF CAND		урания от орросси	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	n sheets.		CHMIII ATIVE I	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR C.31)
10/7/2003	Yolanda Orejel Los Angeles, CA 90006	Votes	r Contact		\$299.21	\$355.78	
10/7/2003	Yolanda Orejel Los Angeles, CA 90006	Vote	r Contact		\$33.24	\$355.78	
10/7/2003	Victor Ortega Los Angeles, CA 90062	Votes	r Contact		\$298.20	\$298.20	

	ental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP	
	ture Report ode Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>228</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Namo o	f Candidate or Measure Sup	anartad ar Onnasad					
NAME OF CA	·	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Armando Ortiz Los Angeles, CA 90019	Votes	r Contact		\$307.75	\$307.75	
10/7/2003	Eduardo Oseguera Los Angeles, CA 90015	Voter	r Contact		\$23.33	\$322.54	
10/7/2003	Eduardo Oseguera Los Angeles, CA 90015	Vote	r Contact		\$299.21	\$322.54	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>229</u> of	327
A	mendment No 000	—	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE LYEAR C. 31)
10/7/2003	Marcos Oseguera Los Angeles, CA 90015	Votes	r Contact		\$165.20	\$165.20	<u> </u>
9/30/2003	Domiciano Osorio Gardena, CA 90247	Phon	eBank		\$454.60	\$1,001.53	
10/6/2003	Domiciano Osorio Gardena, CA 90247	Phon	eBank		\$221.64	\$1,001.53	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>230</u> of	327
A	mendment No 000	- (Explain 25.5.)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Diego Otranto Lynwood, CA 90262	Voter	Contact		\$23.33	\$256.05	•
10/7/2003	Diego Otranto Lynwood, CA 90262	Voter	Contact		\$232.72	\$256.05	
10/7/2003	Magdalena Palencia Inglewood, CA 90303	Voter	Contact		\$23.33	\$314.31	

Expen	emental Independent diture Report ht Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRI	UCTIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>231</u> of _	327
	Amendment No 000		Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	- APPLICABLE		CK ONE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indeposit of the state of th	pendent Expenditures Made A NAME AND ADDRE Magdalena Palencia Inglewood, CA 90303	ESS OF PAYEE	ately labeled continuation DESCRIPTION OF Contact		AMOUNT \$290.98	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR C.31)
10/7/2003	Jackeline Palma Los Angeles, CA 90005	Voter	Contact		\$184.50	\$184.50	
10/7/2003	Martha Parada Los Angeles, CA 90023	Voter	Contact		\$310.29	\$310.29	

	emental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENTA Date Stamp	AL INDEPENDENT EXP	
	diture Report nt Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	CALIFORNIA FORM	65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>232</u> of _	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
			MAILING ADDR	ESS			
STREET	T ADDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
	e of Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME O	F CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	T OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Inde	pendent Expenditures Made A	tach additional information on appropr	iately labeled continuation	n sheets.		0.11.41.4.4.71.47	0.5475
DAT	E NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR
9/27/2003	Rosa Paredes Los Angeles, CA 90005	Vote	er Contact		\$193.74	\$193.74	•
0/20/2002	V-lama Damala	Di	neBank		\$389.01	\$903.55	
9/30/2003	Yohanna Parrales South Gate, CA 90280	FIIOI	певанк		\$389.01	\$903.33	
10/6/2003	Yohanna Parrales South Gate, CA 90280	Phor	neBank		\$212.23	\$903.55	

Expen	emental Independent diture Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 233 of	327
	Amendment No 000	—	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMI	TTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTION	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME O	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Inde	ependent Expenditures Made A	attach additional information on appropria	ately labeled continuation	n sheets.	1	CUMULATIVE 1 CALENDAR	O DATE
9/30/2003	Estela De Jesus Paz		DESCRIPTION OF eBank	EXPENDITURE	\$435.72	(JAN.1 - DE \$977.42	C.31)
9/30/2003	Los Angeles, CA 90005	Phon	edank		\$453.72	\$977.42	
10/6/2003	Estela De Jesus Paz Los Angeles, CA 90005	Phone	eBank		\$221.64	\$977.42	
10/7/2003	Oscar Paz Los Angeles, CA 90004	Voter	r Contact		\$299.21	\$332.45	

	ntal Independent ire Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	e Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	UJ
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>234</u> of _	327
A	mendment No 000	-	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Name of	Candidate or Measure Su	onorted or Onnosed					
NAME OF CAND		pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Oscar Paz Los Angeles, CA 90004	Vote	r Contact		\$33.24	\$332.45	
10/7/2003	Enrique Pelaez Los Angeles, CA 90016	Vote	r Contact		\$196.26	\$229.50	
10/7/2003	Enrique Pelaez Los Angeles, CA 90016	Vote	r Contact		\$33.24	\$229.50	

	ntal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
Expenditui Government Code		Amounts may be rounded to whole dollars.	from9/21/200	03	1/12/2004	FORM 4	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>235</u> of _	327
Am	nendment No 000	-	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SSS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name of C	Candidate or Measure Sup	anorted or Onnosed					
NAME OF CANDI	•	ported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
	-						
3. Independ	ent Expenditures Made At	tach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRES		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Allan Perez Los Angeles, CA 90005	Vote	er Contact		\$229.37	\$229.37	
10/7/2003	Anna Perez San Bernardino, CA 92410	Vote	er Contact		\$23.33	\$326.77	
10/7/2003	Anna Perez San Bernardino, CA 92410	Vote	er Contact		\$303.44	\$326.77	
	San Demardino, CA 72410						

ure Report	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from9/21/2003		CALIFORNIA 465
ONS ON REVERSE	Amendment (Explain Below	through 12/31/2003		Page 236 of 327
Amendment No 000	—	Date of election if app		For Official Use Only
Report No CM1	_	10/7/2003		
tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If	recipient committee)	
FILER'S NAME		NAME OF TREASUR	ER	
PRESS (NO P.O. BOX)		MAILING ADDRESS		
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M.	AIL ADDRESS	
Candidate or Measure Su	pported or Opposed			CHECK ONE
NDIDATE		OFFICE SOUGHT OR HELD A	ND DISTRICT, IF APPLICABLE	SUPPORT OPPOSE
LOT MEASURE		BALLOT NO./LETTER JUI	RISDICTION	SUPPORT OPPOSE
	1		1	CUMULATIVE TO DATE CALENDAR YEAR
Blanca Perez			\$487.10	(JAN.1 - DEC.31) \$1,005.73
Los Angeles, CA 90006				
Blanca Perez Los Angeles, CA 90006	Phone	Bank	\$18.47	\$1,005.73
	Etee/Filer Information FILER'S NAME SRESS (NO P.O. BOX) STATE AX/E-MAIL ADDRESS Candidate or Measure Sulpidate LOT MEASURE NAME AND ADDRE Blanca Perez Los Angeles, CA 90006 Blanca Perez Blanca Perez Blanca Perez Blanca Perez	Amounts may be rounded to whole dollars. ONS ON REVERSE Amendment No 000 Report No CM1 Itee/Filer Information FILER'S NAME PRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE AX/E-MAIL ADDRESS Candidate or Measure Supported or Opposed NDIDATE LOT MEASURE NAME AND ADDRESS OF PAYEE Blanca Perez Los Angeles, CA 90006 Blanca Perez Phone	Amounts may be rounded to whole dollars. ONS ON REVERSE Amendment No 000	Type or print in ink. Amounts may be rounded to whole dollars. ONS ON REVERSE Amendment No

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>237</u> of	327
	Amendment No 000	- (Explain 5010)	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CA		Photos Shirt	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made A	1	ntely labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE - CALENDAR (JAN.1 - DE	TO DATE LYEAR C.31)
10/7/2003	Carlos Perez Los Angeles, CA 90011	Voter	Contact		\$23.33	\$289.30	
10/7/2003	Carlos Perez Los Angeles, CA 90011	Voter	Contact		\$265.97	\$289.30	
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038	Voter	Contact		\$11.66	\$253.66	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	AL INDEPENDENT EXPE	
	liture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	CALIFORNIA FORM	65
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>238</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	-	10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONA	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
0. Na	of Condidate on Manager Cours						
	of Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT II	E APPLICABLE	1	CK ONE
IVAIVIL OI	CANDIDATE		OFFICE GOOGHT ORTH	LLD AND DIOTRIOT, II	ALLEGADLE	SUFFOR	OFFOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038	Votes	r Contact		\$148.99	\$253.66	
10/7/2003	Francisca Miriam Perez Los Angeles, CA 90038	Votes	r Contact		\$93.01	\$253.66	
10/7/2003	Magdalena Perez Los Angeles, CA 90002	Votes	r Contact		\$232.72	\$232.72	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>239</u> of	327
A	mendment No 000	— — — — — — — — — — — — — — — — — — —	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR
10/7/2003	Ronald Perez Los Angeles, CA 90006	Voter	r Contact		\$23.33	\$314.31	
10/7/2003	Ronald Perez Los Angeles, CA 90006	Votei	r Contact		\$290.98	\$314.31	
9/30/2003	Karla Pineda Hawthorne, CA 90250	Phone	eBank		\$408.46	\$847.40	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-ENDITURE
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>240</u> of	327
A	Amendment No 000	- -	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	HONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				O.U.	FOK ONE
NAME OF CAN		Physical Physica	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen DATE 10/6/2003	ndent Expenditures Made A NAME AND ADDRE	ESS OF PAYEE	ately labeled continuation DESCRIPTION OF eBank		AMOUNT \$204.40	CUMULATIVE CALENDAF (JAN.1 - DE	TO DATE R YEAR EC.31)
10/0/2003	Hawthorne, CA 90250	THOM	CDank		9204.40	\$0 + 7. + 0	
10/7/2003	Elke Pinuelas North Hollywood, CA 91606	Voter	r Contact		\$199.48	\$199.48	
10/7/2003	Elva Polanco Los Angeles, CA 90018	Voter	r Contact		\$11.66	\$289.29	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>241</u> of _	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Photos Shires	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/7/2003	Elva Polanco Los Angeles, CA 90018	Voter	r Contact		\$66.49	\$289.29	
10/6/2003	Elva Polanco Los Angeles, CA 90018	Voter	r Contact		\$211.14	\$289.29	
9/29/2003	Political Data, Inc. Burbank, CA 91507	Voter	r Contact		\$1,044.00	\$4,998.84	

	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report covers	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
	de Sections 84203.5)	to whole dollars.	from9/21/200)3	1,12/2007	FORM 4	(CO
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>242</u> of	327
A	Amendment No 000		Date of election i (Month, Day	f applicable:		For Official Use	Only
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRI	ESS			
			CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
CITY	STATE	ZIP CODE AREA CODE/PHONE	GITT		STATE ZIP COI	DE AREA CODE/FF	IONE
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	Candidate or Measure Sup	ported or Opposed				СНЕ	ECK ONE
NAME OF CAN	IDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPO	RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made At	tach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE -	TO DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAF (JAN.1 - DE	RYEAR
10/7/2003	Edith Portillo North Hollywood, CA 91605	Vote	er Contact		\$23.33	\$322.70	
10/7/2003	Edith Portillo	Vote	er Contact		\$299.37	\$322.70	
	North Hollywood, CA 91605						
10/7/2003	Amilcar Posadas Bellflower, CA 90706	Vote	er Contact		\$23.33	\$214.79	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from9/21/2003		CALIFORNIA FORM	35
SEE INSTRUCT	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>		Page 243 of 327	7
4	Amendment No 000		Date of election if applica (Month, Day, Year)	able:	For Official Use Onl	
	Report No CM1		10/7/2003			
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If reci	pient committee)		
COMMITTEE	/FILER'S NAME		NAME OF TREASURER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDRESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP (CODE AREA CODE/PHON	E
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL A	ADDRESS		
2. Name of	Candidate or Measure Sup	ported or Opposed			CHECK	ONE
NAME OF CAN			OFFICE SOUGHT OR HELD AND	DISTRICT, IF APPLICABLE	SUPPORT	
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER JURISE	DICTION	SUPPORT	OPPOSE
3. Indeper	ndent Expenditures Made Att	ach additional information on appropri	ately labeled continuation sheets.		CUMULATIVE TO D	
	TV WE AND ABBRES	S OF PAYEE	DESCRIPTION OF EXPENDI	TURE AMOUNT	CALENDAR YE	DATE AR
10/7/2003	Amilcar Posadas Bellflower, CA 90706		DESCRIPTION OF EXPENDING COntact	\$191.46	(JAN.1 - DEC.3) \$214.79	DATE AR 1)
10///2003					(JAN.1 - DEC.3	DATE FAR 1)
9/30/2003		Vote			(JAN.1 - DEC.3	DATE AR 1)

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>244</u> of <u>3</u>	327
Ar	nendment No 000	—	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	_	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nmittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	•		OFFICE SOUGHT OR HI	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	lent Expenditures Made A	1			, MOUNT	CUMULATIVE TO CALENDAR	DATE YEAR
DATE 10/7/2003	NAME AND ADDRE Alejandra Quintanilla		DESCRIPTION OF	EXPENDITURE	\$23.33	(JAN.1 - DEC	5.31)
	Los Angeles, CA 90003						
10/7/2003	Alejandra Quintanilla Los Angeles, CA 90003	Voter	r Contact		\$327.84	\$351.17	
10/7/2003	Daniel Quintanilla Los Angeles, CA 90003	Votes	r Contact		\$260.32	\$260.32	

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200)3	1/12/2001	FORM 4	·00
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>245</u> of	327
	Amendment No 000	-	Date of election i (Month, Day	if applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2 Name	of Candidate or Measure Sup	nnorted or Onnosed					
NAME OF C	·	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepe	endent Expenditures Made A	tach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Alba Quintero Los Angeles, CA 90058	Vote	r Contact		\$23.33	\$355.79	
10/7/2003	Alba Quintero Los Angeles, CA 90058	Votes	r Contact		\$332.46	\$355.79	
10/7/2003	Juana Ramirez	Vote	r Contact		\$23.33	\$321.15	
	Canoga Park, CA 91304						

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200	03		FORM 4	UJ
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>246</u> of	327
	Amendment No 000		Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)	•	
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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2 Name	of Candidate or Measure Sup	unorted or Onnosed					
NAME OF C	<u> </u>	ported of Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	IF APPLICABLE		CK ONE RT OPPOSE
NAME OF B	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	endent Expenditures Made At	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Juana Ramirez Canoga Park, CA 91304	Vote	er Contact		\$264.58	\$321.15	
10/7/2003	Juana Ramirez Canoga Park, CA 91304	Vote	er Contact		\$33.24	\$321.15	
9/30/2003	Maria Ramirez Bell Gardens, CA 90201	Phor	neBank		\$411.61	\$894.08	

	ental Independent	Type or print in ink.	Report cover	s period	SUPPLEMENT, Date Stamp	AL INDEPENDENT EXPE	
	Ire Report e Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200		1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	☐ Amendment (Explain Beld	ow) through <u>12/31/20</u>	003		Page <u>247</u> of _	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
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2. Name of	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANE	•	ургана са съргана	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made At	tach additional information on appropr	ately labeled continuation	sheets.		CUMULATIVE T	D DATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/6/2003	Maria Ramirez Bell Gardens, CA 90201	Phor	neBank		\$209.07	\$894.08	
10/7/2003	Clementina Ramos Los Angeles, CA 90059	Vote	er Contact		\$23.33	\$354.77	
10/7/2003	Clementina Ramos Los Angeles, CA 90059	Vote	er Contact		\$298.20	\$354.77	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from 9/21/2003		CALIFORNIA 465	₹I
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/2003</u>		Page <u>248</u> of <u>327</u>	
A	mendment No 000	_	Date of election if ap (Month, Day, Y		For Official Use Only	=
	Report No CM1	_	10/7/2003			
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipient committee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREASUR	RER		
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRESS			_
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY	STA	ATE ZIP CODE AREA CODE/PHONE	
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-N	MAIL ADDRESS		_
2. Name of	Candidate or Measure Su	pported or Opposed			CHECK ONE	_
NAME OF CANI			OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICABLE	SUPPORT OPPOS	SE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER JU	URISDICTION	SUPPORT OPPOS	3E
3. Indepen	dent Expenditures Made A	1	tely labeled continuation sho	1	CUMULATIVE TO DATE CALENDAR YEAR AMOUNT (JAN.1 - DEC.31)	
10/7/2003	Clementina Ramos Los Angeles, CA 90059		Contact	\$33.24	(0 ===0.0.)	_
10/6/2003	Danny Ramos Los Angeles, CA 90020	Voter	Contact	\$104.3	\$104.30	
10/7/2003					08 \$323.08	_

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>249</u> of	327
Ar	mendment No 000	— — — — — — — — — — — — — — — — — — —	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE YEAR
10/7/2003	Hector Ramos North Hills, CA 91343	Votes	r Contact		\$323.08	\$323.08	<u> </u>
10/7/2003	Isabel Ramos Los Angeles, CA 90034	Votes	r Contact		\$281.34	\$281.34	
9/30/2003	Isidro Ramos Los Angeles, CA 90021	Phon	eBank		\$416.26	\$964.46	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers from 9/21/2003		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	3		Page <u>250</u> of	327
,	Amendment No 000	·	Date of election if (Month, Day,	applicable:		For Official Use	
	Report No CM1		10/7/2003				
. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	URER			
			MAILING ADDRES	SS			
STREET ADD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/P	HONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E	E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	ported or Opposed	_			CH	IECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HEL	LD AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BAL	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
3. Indeper	ndent Expenditures Made Att	tach additional information on appropria	itely labeled continuation s	sheets.		OUNTIL ATIVE	TODATE
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	XPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - D	R YEAR EC.31)
.0/6/2003	Isidro Ramos Los Angeles, CA 90021	Phone	Bank		\$221.64	\$964.46	
0/6/2003	Juan Ramos South Gate, CA 90280	Phone	Bank		\$147.76	\$184.70	
0/7/2003	Juan Ramos South Gate, CA 90280	Voter	Contact		\$36.94	\$184.70	
	South Gate, C11 70200						

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>251</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Leonardo Rivera Ramos Los Angeles, CA 90006	Votes	r Contact		\$229.37	\$262.61	,
10/7/2003	Leonardo Rivera Ramos Los Angeles, CA 90006	Votes	r Contact		\$33.24	\$262.61	
10/7/2003	Maria Ramos Los Angeles, CA 90026	Votes	r Contact		\$166.23	\$166.23	

Expendit	ental Independent aure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>252</u> of _	327
	Amendment No 000	- (2.4p.s 2550)	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CA			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/7/2003	Patricia Ramos Los Angeles, CA 90038		Contact	EXI ENDITORE	\$23.33	(JAN.1 - DE	J.31)
10/7/2003	Patricia Ramos Los Angeles, CA 90038	Voter	Contact		\$307.75	\$331.08	
10/7/2002	Torres Dorres		Control		\$11.66	\$220.24	
10/7/2003	Teresa Ramos North Hills, CA 91343	Voter	Contact		\$11.66	\$329.34	

Expen	emental Independent diture Report at Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRI	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>	03		Page <u>253</u> of	327
	Amendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
	FCANDIDATE	Ph	OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Inde	pendent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF B		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/7/2003	Teresa Ramos North Hills, CA 91343		Contact	- INDITORE	\$132.98	(JAN.1 - DE \$329.34	.0.31)
10/6/2003	Teresa Ramos North Hills, CA 91343	Voter	Contact		\$184.70	\$329.34	
9/30/2003	Cristina Rauda Los Angeles, CA 90051	Phone	eBank		\$435.72	\$977.42	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	IS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>254</u> of _	327
Am	nendment No 000	— — — — — — — — — — — — — — — — — — —	Date of election i	Date of election if applicable: (Month, Day, Year)		For Official Use (
	Report No CM1	-	10/7/2003				
1. Committe	e/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	SS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CANDII	DATE		OFFICE SOUGHT OR H	ELD AND DISTRICT	, IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A		ately labeled continuation		AMOUNT	CUMULATIVE T	O DATE YEAR
10/6/2003	Cristina Rauda		eBank	LXFLINDITORL	\$221.64	(JAN.1 - DEC \$977.42	,.31)
	Los Angeles, CA 90051						
9/30/2003	Miguel Raya Jr. South Gate, CA 90280	Phon	eBank		\$370.84	\$835.22	
10/6/2003	Miguel Raya Jr. South Gate, CA 90280	Phon	eBank		\$180.24	\$835.22	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from 9/21/2002		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	465
EE INSTRUCTI	IONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page <u>255</u> o	f 327
,	Amendment No 000	.	Date of election if (Month, Day	f applicable:		For Official Us	
	Report No CM1		10/7/2003				
. Commit	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	nittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREAS	SURER			
			MAILING ADDRE	SS			
STREET ADD	DRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/F	PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Sup	ported or Opposed				CI	HECK ONE
NAME OF CAN	NDIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPP	ORT OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPP	ORT OPPOSE
. Indeper	ndent Expenditures Made At	tach additional information on appropria	tely labeled continuation	sheets.		QUINAU ATIV	
DATE	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E	EXPENDITURE	AMOUNT	CUMULATIVE CALENDA (JAN.1 - E	R YEAR DEC.31)
.0/7/2003	Rosa Recinos Los Angeles, CA 90001	Voter	Contact		\$282.60	\$282.60	
.0/7/2003	Daniel Reina	Voter	Contact		\$307.75	\$307.75	
	Los Angeles, CA 90015						
0/7/2003	Estrella Renteria Los Angeles, CA 90032	Voter	Contact		\$299.37	\$299.37	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below) through <u>12/31/200</u>	03		Page <u>256</u> of _	327
A	amendment No 000	-	Date of election if (Month, Day	applicable:		For Official Use (
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independent	dent Expenditures Made A	1	tely labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Blanca Reyes Los Angeles, CA 90018		Contact	-	\$23.33	\$249.23	5.01)
10/7/2003	Blanca Reyes Los Angeles, CA 90018	Voter	Contact		\$225.90	\$249.23	
10/7/2003	Josefina Reyes Los Angeles, CA 90006	Voter	Contact		\$196.26	\$262.75	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>257</u> of _	327
A	mendment No 000	-	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				OUE	OK ONE
NAME OF CANE		pp or a spp or a	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		CK ONE TOPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3 Indepen	dent Expenditures Made A	Attach additional information on appropri	ately labeled continuation	n sheets			
DATE	NAME AND ADDRE		DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR C.31)
10/7/2003	Josefina Reyes Los Angeles, CA 90006	Voter	r Contact		\$66.49	\$262.75	,
10/7/2003	Mirna Reyes Los Angeles, CA 90018	Votei	r Contact		\$23.33	\$304.67	
10/7/2003	Mirna Reyes Los Angeles, CA 90018	Votes	r Contact		\$281.34	\$304.67	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	03		Page <u>258</u> of <u>3</u>	327
A	mendment No 000	_	Date of election in (Month, Day	f applicable:		For Official Use C	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTEE/F	FILER'S NAME	-	NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHEC	CK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	F APPLICABLE		T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR (JAN.1 - DEC	O DATE YEAR
10/7/2003	Alma Rico Los Angeles, CA 90011		Contact		\$199.48	\$199.48	
10/7/2003	Sylvia Rico Huntington Park, CA 90255	Voter	Contact		\$199.48	\$199.48	
10/7/2003	Martha Rivas						

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Bel	low) through 12/31/20	003		Page <u>259</u> of	327
Ar	mendment No 000	- Language (2.45am) 50	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Sup	oported or Opposed				CHE	ECK ONE
NAME OF CAND	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT,	IF APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	riately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR	YEAR
9/30/2003	Rita Copeland dba River City Business S		neBank	EXI ENDITORE	\$12,763.89	(JAN.1 - DE \$63,582.85	0.31)
	Sacramento, CA 95841						
9/30/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	vcs. Pho	neBank		\$115.00	\$63,582.85	
10/6/2003	Rita Copeland dba River City Business S Sacramento, CA 95841	vcs. Vot	er Contact		\$43,480.42	\$63,582.85	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>260</u> of	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF CANE	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE
10/7/2003	Cristobal Rivera		· Contact	EXPENDITORE	\$23.33	(JAN.1 - DE	:(0.31)
	Los Angeles, CA 90023						
10/7/2003	Cristobal Rivera Los Angeles, CA 90023	Voter	Contact		\$329.14	\$352.47	
10/7/2003	Maria de la Ruz Rizo Los Angeles, CA 90033	Voter	Contact		\$199.48	\$199.48	

I. Commi	Amendment No 000 Report No CM1 ittee/Filer Information	Amendment (Explain Below) I.D. NUMBER (if recipient committee)	through 12/31/2003 Date of election if appl (Month, Day, Yea 10/7/2003		Page 261 of 327 For Official Use Only
I. Commi	Report No CM1		Date of election if app (Month, Day, Yea		
	<u> </u>	I.D. NUMBER (if recipient committee)	10/7/2003		
	ttee/Filer Information	I.D. NUMBER (if recipient committee)			
COMMITTEE			Treasurer (If I	recipient committee)	
	E/FILER'S NAME	1	NAME OF TREASURE	R	
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDRESS		
CITY	STATE Z	ZIP CODE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MA	IL ADDRESS	
2. Name of	f Candidate or Measure Suppo	 orted or Opposed			CHECK ONE
NAME OF CAI	•••		OFFICE SOUGHT OR HELD AN	ND DISTRICT, IF APPLICABLE	SUPPORT OPPOS
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER JUR	RISDICTION	SUPPORT OPPOS
3. Indeper	ndent Expenditures Made Attach	1	ely labeled continuation shee	1	CUMULATIVE TO DATE CALENDAR YEAR
DATE		Voter C		\$11.66	(JAN.1 - DEC.31) \$168.19
DATE 10/7/2003	Cesar Robles Huntington Park, CA 90255				
		Voter C	Contact	\$156.53	\$168.19
	IG B 11	Voter C	Contact	\$11.66	

Expenditu	ntal Independent re Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>262</u> of _	327
Ar	mendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Sup	pported or Opposed				CUE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	APPLICABLE		RT OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
•	dent Expenditures Made A		•		l	CUMULATIVE T CALENDAR	O DATE YEAR
DATE 10/7/2003	NAME AND ADDRE Francisco Rocha		DESCRIPTION OF Tr Contact	EXPENDITURE	\$66.49	(JAN.1 - DE)	C.31)
	Los Angeles, CA 90017						
9/30/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Phon	eBank		\$445.85	\$986.70	
10/6/2003	Napoleon Marie Rodriguez Panorama City, CA 91402	Phon	eBank		\$221.31	\$986.70	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>263</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Graciela Rodriguez Pasadena, CA 91103	Votes	r Contact		\$11.66	\$211.14	,
10/7/2003	Graciela Rodriguez Pasadena, CA 91103	Voter	r Contact		\$199.48	\$211.14	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Voter	r Contact		\$23.33	\$422.27	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	CO :
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>264</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Namo	of Candidate or Measure Sur	anartad or Onnosad					
	CANDIDATE	pported or Opposed	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF	F APPLICABLE		CK ONE RT OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indep	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Votes	r Contact		\$132.98	\$422.27	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Votes	r Contact		\$232.72	\$422.27	
10/7/2003	Martha Rodriguez Los Angeles, CA 90057	Vote	r Contact		\$33.24	\$422.27	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	TIONS ON REVERSE Language Lang					Page 265 of	327
A	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Martin Rodriguez Los Angeles, CA 90019	Voter	Contact		\$23.33	\$222.81	,
10/7/2003	Martin Rodriguez Los Angeles, CA 90019	Voter	Contact		\$199.48	\$222.81	
10/7/2003	Delmys Rodriguez Inglewood, CA 90301	Voter	Contact		\$299.37	\$299.37	

	nental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	ture Report code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	CO
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>266</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
	of Candidate or Measure Sup	pported or Opposed	T				CK ONE
NAME OF CA	ANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPOI	RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Hermila Rodriguez South Gate, CA 90280	Vote	r Contact		\$290.98	\$290.98	
10/7/2003	Ana Rodriguez	Vote	r Contact		\$327.84	\$327.84	
	Los Angeles, CA 90006						
10/7/2003	Denis Rodriguez Los Angeles, CA 90006	Vote	r Contact		\$199.48	\$199.48	

Expendi	nental Independent ture Report code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>267</u> of _	327
	Amendment No 000	_	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Su	pported or Opposed				QUE	OK ONE
NAME OF CA		pp	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3 Indene	endent Expenditures Made A	Attach additional information on appropri	atoly laboled continuation	shoots			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Hermenegildo Rodriguez Los Angeles, CA 90003	Votes	r Contact		\$220.01	\$220.01	
10/7/2003	Miguel Rodriguez Los Angeles, CA 90003	Votes	r Contact		\$211.62	\$211.62	
10/7/2003	Virginia Rodriguez	Vote	r Contact		\$323.08	\$323.08	
	North Hollywood, CA 91605						

Expen	emental Independent aditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTF	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through 12/31/20	003		Page <u>268</u> of	327
	Amendment No 000	_	Date of election i	f applicable:		For Official Use	
	Report No CM1	Amounts may be rounded to whole dollars. Amendment (Explain Below)					
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMM	ITTEE/FILER'S NAME		NAME OF TREA	SURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	pported or Opposed				CHE	ECK ONE
NAME C	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
		1			1	CUMULATIVE TO CALENDAR	TO DATE
DAT 10/7/2003	Maria Rodriguez			EXPENDITURE		(JAN.1 - DE \$272.96	C.31)
	Los Angeles, CA 90057						
9/30/2003	Abraham Rojas Los Angeles, CA 90029	Phor	neBank		\$398.71	\$878.16	
10/6/2003	Abraham Rojas Los Angeles, CA 90029	Phor	neBank		\$195.31	\$878.16	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belor	w) through 12/31/20	003		Page <u>269</u> of	327
A	Amendment No 000	-	Date of election	if applicable:		For Official Use	
	Report No CM1	Amounts may be rounded to whole dollars. Amendment (Explain Below) through 12/31/2003 Page 2					
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Supports	pported or Opposed	OFFICE SOLICHT OF H	ELD AND DISTRICT IS	ADDI ICARI E		ECK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPOI	KI OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A				AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Eugenio Rojas Los Angeles, CA 90011	Votes	·Contact		\$11.66	\$144.64	,
10/7/2003	Eugenio Rojas Los Angeles, CA 90011	Votes	· Contact		\$132.98	\$144.64	
9/30/2003	Rufina Rojas Los Angeles, CA 90057	Phone	eBank		\$444.80	\$956.06	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	IONS ON REVERSE	Amendment (Explain Below	y) through 12/31/20	003		Page <u>270</u> of <u>327</u>	
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	Report covers period from 9/21/2003 Below) through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Ittee) Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION ropriately labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT PhoneBank S184.70 S9 Voter Contact \$166.23 \$1				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	/FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: F	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	f Candidate or Measure Su	pported or Opposed				QUE	OK ONE
NAME OF CAI			OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		CK ONE OPPOSE
NAME OF BAI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indeper	ndent Expenditures Made A	1	•		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/6/2003	Rufina Rojas Los Angeles, CA 90057	Phone	eBank		\$184.70	\$956.06	
10/7/2003	Sonia Rojas Los Angeles, CA 90018	Voter	Contact		\$166.23	\$166.23	
10/7/2003	Walner Rojas Los Angeles, CA 90027	Voter	Contact		\$272.96	\$272.96	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIONS ON REVERSE Amendment (Explain Bo			y) through 12/31/20	003		Page <u>271</u> of _	327
A	Amendment No 000	-	Date of election	if applicable:		For Official Use	
	Report No CM1	-	through 12/31/2003 Imperiment (Explain Below) Incompage 12/31/2003 Incompage 12/31/20				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				QUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		CK ONE RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	•		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	TO DATE YEAR C.31)
10/7/2003	Carolina Rojo Los Angeles, CA 90037	Voter	Contact		\$161.84	\$195.08	
10/7/2003	Carolina Rojo Los Angeles, CA 90037	Voter	Contact		\$33.24	\$195.08	
10/7/2003	Carlos Romero Glendale, CA 91206	Voter	Contact		\$199.48	\$199.48	

Supplemer Expenditur Government Code		Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Belov	w) through 12/31/20	003		Page <u>272</u> of _	327
Am	nendment No 000	-	Date of election i	if applicable:		For Official Use 0	
	Report No CM1	-	Amendment (Explain Below) Amendment (Explain Below) Date of election if applicable: (Month, Day, Year) 107/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE OPTIONAL: FAX/E-MAIL ADDRESS d or Opposed OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO/LETTER JURISDICTION ional information on appropriately labeled continuation sheets. TEE DESCRIPTION OF EXPENDITURE AMOUNT Voter Contact Voter Contact Voter Contact S199.48 S199.				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	ASURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANDI	<u> </u>		OFFICE SOUGHT OR HI	ELD AND DISTRICT	IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
•	<u>-</u>	1			, and a	CUMULATIVE T CALENDAR	O DATE YEAR
DATE 10/7/2003	NAME AND ADDRES Mercedes Romero			EXPENDITURE		(JAN.1 - DEC	C.31)
	Glendale, CA 91206						
10/7/2003	Reina Isabel Romero Long Beach, CA 90804	Voter	Contact		\$246.56	\$246.56	
10/7/2003	Maximiliano Rosales Los Angeles, CA 90057	Voter	Contact		\$310.29	\$310.29	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	ENDITURI
	diture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 2	CO
SEE INSTRU	JCTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>273</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
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n Nama	of Candidate or Manager Com	amoutod or Opposed					
	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HE	FLD AND DISTRICT I	F APPLICABLE		CK ONE
	O. 1. 2. 5. 1. 2			,	7.4.1.2.07.022		
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indep	pendent Expenditures Made Af	tach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T CALENDAR	
DATE			DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Anna Maria Roy Rancho Cucamonga, CA 91730	Vote	er Contact		\$23.33	\$308.85	
10/7/2003	Anna Maria Roy Rancho Cucamonga, CA 91730	Vote	er Contact		\$285.52	\$308.85	
10/7/2003	Margarita Rua Cerriots, CA 90703	Vote	er Contact		\$327.84	\$327.84	

	ntal Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	NDITURI
Expenditul Government Code	re Keport Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Bel	ow) through 12/31/20	003		Page <u>274</u> of _	327
An	nendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient com	nittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed	OFFICE COLICIT OF III	ELD AND DISTRICT	IE ADDI ICADI E		CK ONE
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NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on approp	riately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
9/27/2003	Service Employees International Union L Los Angeles, CA 90017	ocal 1877 Vot	er Contact		\$1,833.60	\$3,926.06	
9/27/2003	SEIU Local 399 Los Angeles, CA 90017	Vot	er Contact		\$1,152.40	\$1,152.40	
9/27/2003	SEIU Local 535 Pasadena, CA 91105-2607	Vot	er Contact		\$1,076.80	\$1,076.80	

	ntal Independent	Type or print in ink.	Report covers	s period	Date Stamp	CALIFORNIA	NDITURI
Expenditu Government Code	re Report Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200	3	1/12/2004	FORM 4	65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	03		Page <u>275</u> of <u>3</u>	327
Ar	nendment No 000	-	Date of election in (Month, Day	f applicable:		For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
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2. Name of (Candidate or Measure Sup	pported or Opposed	OFFICE COLLOUT OF U	TO AND DISTRICT	IF ADDITION F		CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE	SUPPOR	T OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF I	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
9/27/2003	Service Employees International Union L Los Angeles, CA 90020	ocal 660 Vote	er Contact		\$873.20	\$2,473.20	
10/7/2003	Karla Salazar Culver City, CA 90320	Vote	er Contact		\$23.33	\$145.99	
10/7/2003	Karla Salazar Culver City, CA 90320	Vote	er Contact		\$122.66	\$145.99	

Expendit	nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.			SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amounts may be rounded to whole dollars. Amendment (Explain Below) Trough 12/31/2003 Through 12/31/2003 T	Page 276 of	327			
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003	Date Stamp 1/12/2003 12/31/2003 Pa election if applicable: onth, Day, Year) 3 ASUFET (If recipient committee) E OF TREASURER NG ADDRESS STATE ZIP CODE DNAL: FAX/E-MAIL ADDRESS STATE ZIP CODE DNAL: FAX/E-MAIL ADDRESS SHOULD AND DISTRICT, IF APPLICABLE LETTER JURISDICTION Intinuation sheets. PTION OF EXPENDITURE AMOUNT \$254.72			
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
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2. Name o	of Candidate or Measure Su	pported or Opposed				CUI	ECK ONE
NAME OF CA		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BA	ILLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	<u>-</u>				AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/7/2003	Vilma Lizeth Salazar Hawthorne, CA 90250	Votes	r Contact		\$254.72		,
9/30/2003	Maria Salcedo Los Angeles, CA 90015	Phon	eBank		\$505.27	\$985.49	
10/6/2003	Maria Salcedo Los Angeles, CA 90015	Phon	eBank		\$221.64	\$985.49	

Expenditu	ental Independent ure Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
Government Cod	de Sections 84203.5)	to whole dollars.	from9/21/200	3		TORW	
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>277</u> of _	327
A	Amendment No 000		Date of election i	f applicable:		For Official Use (Only
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТҮ		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		CK ONE T OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
TO WILL OF BALL			SALEST NO JETTER	oorwesternert		331131	0.7002
3. Indepen	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	O DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	YEAR
10/7/2003	Adriana Salinas Los Angeles, CA 90037	Vote	r Contact		\$23.33	\$346.41	
10/7/2003	Adriana Salinas Los Angeles, CA 90037	Vote	r Contact		\$323.08	\$346.41	
10/7/2003	Irma Salinas	Vote	r Contact		\$323.14	\$323.14	
20, ,, 2000	Los Angeles, CA 90037	Voc	Comac		ψ323.1 ·	, , , , , , , , , , , , , , , , , , ,	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through <u>12/31/20</u>	003		Page <u>278</u> of _	327
A	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				QUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Maricela Salinas Los Angeles, CA 90019	Voter	Contact		\$11.66	\$211.14	
10/7/2003	Maricela Salinas Los Angeles, CA 90019	Voter	Contact		\$199.48	\$211.14	
10/7/2003	Ana Cecilia Salvin Los Angeles, CA 90057	Voter	Contact		\$166.23	\$199.47	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT/ Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>)3		Page <u>279</u> of _	327
Ar	mendment No 000	- — — — — — — — — — — — — — — — — — — —	Date of election if (Month, Day	applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	C/E-MAIL ADDRESS		OPTIONAL: FAX/	E-MAIL ADDRESS			
 2. Name of (Candidate or Measure Sur	pported or Opposed				QUE	OK ONE
NAME OF CAND	<u> </u>	-региси от орргоот	OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		CK ONE OPPOSE
				T			
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE T CALENDAR	O DATE
DATE	NAME AND ADDRE		DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Ana Cecilia Salvin Los Angeles, CA 90057	Votei	r Contact		\$33.24	\$199.47	
9/30/2003	Jeffrey Sanceri Whittier, CA 90602	Phone	eBank		\$445.85	\$986.70	
10/6/2003	Jeffrey Sanceri Whittier, CA 90602	Phone	eBank		\$221.31	\$986.70	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>280</u> of	327
A	mendment No 000	ent No		if applicable: y, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Independent	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Bertha Sanchez Los Angeles, CA 90006		Contact		\$23.33	\$322.54	0.01)
10/7/2003	Bertha Sanchez Los Angeles, CA 90006	Voter	Contact		\$299.21	\$322.54	
10/7/2003	Dolores Sanchez Los Angeles, CA 90057	Voter	Contact		\$327.84	\$327.84	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>281</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANE			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	uttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE 1	O DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	YEAR C.31)
10/7/2003	Guillermo Sanchez Los Angeles, CA 90019	Votes	r Contact		\$156.53	\$156.53	
10/7/2003	Julio Sandoval Los Angeles, CA 90057	Votes	r Contact		\$33.24	\$166.23	
10/6/2003	Julio Sandoval Los Angeles, CA 90057	Votes	r Contact		\$132.99	\$166.23	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>282</u> of _	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use 0	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	<td></td> <td></td> <td></td>			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR C.31)
10/7/2003	Rita Sandoval Rosemead, CA 91770	Voter	Contact		\$317.21	\$317.21	
10/7/2003	Soraya Sandoval Los Angeles, CA 90008	Voter	Contact		\$281.34	\$281.34	
10/7/2003	Vilma Sandoval Los Angeles, CA 90029	Voter	· Contact		\$298.20	\$331.44	

	mental Independent liture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	Code Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	UJ
SEE INSTRU	CTIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	03		Page <u>283</u> of	327
	Amendment No 000	Amendment No 000		Date of election if applicable: (Month, Day, Year)		For Official Use Only	
	Report No CM1	-	10/7/2003				
1. Comr	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITT	TEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONA	L: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sup	pnorted or Opposed					
	CANDIDATE	sportion of opposition	OFFICE SOUGHT OR HE	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
0 11	and and Francis Manager						
-	endent Expenditures Made A	1			1	CUMULATIVE - CALENDAR	
DATE 10/7/2003	NAME AND ADDRE Vilma Sandoval		DESCRIPTION OF r Contact	EXPENDITURE	\$33.24	(JAN.1 - DE	
10/7/2003	Los Angeles, CA 90029	Votes	Condict		ψ33.24	ψ331.44	
10/7/2003	Esperanza Santiago North Hollywood, CA 91601	Votes	r Contact		\$316.14	\$316.14	
	• • • • • • • • • • • • • • • • • • • •						
10/7/2003	Florinda Santiago	Vote	r Contact		\$23.33	\$339.47	
	Sherman Oaks, CA 91423						

ental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers period from $\frac{9/21/2003}{}$	Date Stamp 1/12/2004	CALIFORNIA FORM	65
TIONS ON REVERSE	Amendment (Explain Belov	w) through 12/31/2003		Page 284 of 32	27
Amendment No 000	endment No 000		 le:	For Official Use Or	
Report No CM1	-	10/7/2003	_		
ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (If recipion	ent committee)		
F/FILER'S NAME		NAME OF TREASURER			
DRESS (NO P.O. BOX)		MAILING ADDRESS			
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CC	DDE AREA CODE/PHON	NE
FAX/E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL AD	DRESS		
f Candidate or Measure Sur	pported or Opposed			CHEC	K ONE
NDIDATE	•	OFFICE SOUGHT OR HELD AND DI	STRICT, IF APPLICABLE	SUPPORT	
LLOT MEASURE		BALLOT NO./LETTER JURISDIC	ETION	SUPPORT	OPPOSE
	1		IDE AMOUNT	CUMULATIVE TO CALENDAR Y	DATE EAR
Florinda Santiago			\$316.14	\$339.47	31)
Gloria Santiago Los Angeles, CA 90020	Voter	Contact	\$286.17	\$286.17	
	Amendment No Report No Report No CM1 ttee/Filer Information FILER'S NAME DRESS (NO P.O. BOX) STATE FAX/E-MAIL ADDRESS f Candidate or Measure Sup NDIDATE LLOT MEASURE INAME AND ADDRESS	Amendment No 000 Report No CM1 I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) AMEAND ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS I.D. NUMBER (if recipient committee) AMEAND ADDRESS (NO P.O. BOX) I.D. NUMBER (if recipient committee) I.D. NUMBER (if recipient committee)	Treasurer (If recipient committee) STATE ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS TO Measure Supported or Opposed NDIDATE Though 12/31/2003 Amendment (Explain Below) Through 12/31/2003 Date of election if applicab (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS TOTAL ZIP CODE AREA CODE/PHONE FAX/E-MAIL ADDRESS TO PTIONAL: FAX/E-MAIL ADDRESS TO	to whole dollars. Control Contr	Amendment No 0000 Report No CM1

	ental Independent ire Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	-65
	e Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	UJ
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Beld	through <u>12/31/20</u>	03		Page <u>285</u> of	327
A	Amendment No 000		Date of election i	f applicable:		For Official Use Only	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)	•	
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name of	Candidata or Maggura Sur	anartad ar Onnacad					
NAME OF CAND	Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
				,			
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	David Saramiento Los Angeles, CA 90007	Vote	er Contact		\$166.23	\$177.89	
10/7/2003	Isais Saucedo Long Beach, CA 90813	Vote	er Contact		\$225.90	\$225.90	
10/7/2003	Saul Segura Maywood, CA 90270	Vote	er Contact		\$332.46	\$332.46	
	3.33, 3.27, 2						

Expend	emental Independent diture Report It Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRU	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>)3		Page <u>286</u> of	327
	Amendment No 000	000		applicable: , Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMIT	TEE/FILER'S NAME		NAME OF TREAS	SURER			
STREET	ADDRESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTION	AL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	Æ-MAIL ADDRESS			
2. Name	e of Candidate or Measure Su	oported or Opposed				CHE	ECK ONE
NAME OF	FCANDIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indep	pendent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF E		AMOUNT	CUMULATIVE T	RYEAR
10/7/2003	Francisco Segura-Pineda		Contact	EXPENDITURE	\$11.66	(JAN.1 - DE \$177.89	(C.31)
	San Diego, CA 92154						
10/6/2003	Francisco Segura-Pineda San Diego, CA 92154	Voter	Contact		\$166.23	\$177.89	
10/7/2003	Juan Serna Long Beach, CA 90813	Voter	Contact		\$290.98	\$290.98	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/200</u>)3		Page <u>287</u> of <u>3</u>	327
A	mendment No 000	lo <u>000</u>		Date of election if applicable: (Month, Day, Year)		For Official Use 0	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREAS	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PHO	DNE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	SK ONE
NAME OF CANE		Physical Shirters	OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	dent Expenditures Made A	attach additional information on appropria	ately labeled continuation	sheets.		CUMULATIVE TO CALENDAR	O DATE
DATE	NAME AND ADDRE		DESCRIPTION OF E	XPENDITURE	AMOUNT	(JAN.1 - DEC	2.31)
10/7/2003	Sonia Sharwood Sacramento, CA 95833	Voter	Contact		\$310.29	\$310.29	
10/7/2003	Jenny Shegos Los Angeles, CA 90005	Voter	Contact		\$108.16	\$108.16	
10/7/2003	Claudia Sigara Los Angeles, CA 90002	Voter	Contact		\$23.33	\$322.70	

Expendi	nental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
•	CTIONS ON REVERSE	Γ_					
SEE INOTROC		Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>288</u> of	
	Amendment No 000	-	Date of election i (Month, Day			For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	EE/FILER'S NAME		NAME OF TREA	SURER			
			MAILING ADDR	ESS			
STREET A	DDRESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name	of Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF C	CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	F APPLICABLE	SUPPOR	OPPOSE
NAME OF B	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
 3. Indepe	endent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/7/2003	Claudia Sigara Los Angeles, CA 90002		r Contact		\$299.37	\$322.70	0.01)
	Los Aligeites, CA 70002						
10/7/2003	Gloria Silvestre Hollywood, CA 90028	Vote	r Contact		\$23.33	\$254.00	
10/7/2003	Gloria Silvestre	Vote	r Contact		\$230.67	\$254.00	
	Hollywood, CA 90028						
					1	1	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>289</u> of _	327
A	Amendment No 000	-	Date of election (Month, Da	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, II	FAPPLICABLE		OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Maribel Solis Los Angeles, CA 90011	Voter	Contact		\$310.29	\$310.29	,
10/7/2003	Sergio Solorio Los Angeles, CA 90026	Voter	Contact		\$282.60	\$282.60	
10/7/2003	Ana Solorzano Los Angeles, CA 90057	Voter	Contact		\$298.20	\$298.20	

Supplemental In Expenditure Rep Government Code Sections 8	oort	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTAI Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIONS ON RE	,			2002		- 200	27
	Amendment No 000 Amendment (Explain Below)		Date of election	through 12/31/2003 Date of election if applicable: (Month, Day, Year)		For Official Use C	
Repor	t No CM1		10/7/2003				
1. Committee/Filer	· Information	I.D. NUMBER (if recipient committee	Treasure	r (If recipient con	nmittee)		
COMMITTEE/FILER'S NAME		l .	NAME OF TREA	ASURER			
STREET ADDRESS (NO P.C	D. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP COD	E AREA CODE/PHC	NE
OPTIONAL: FAX/E-MAIL AD	DRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name of Candid	ate or Measure Supp	oorted or Opposed				CHEC	K ONE
NAME OF CANDIDATE	••		OFFICE SOUGHT OR H	ELD AND DISTRICT	, IF APPLICABLE		OPPOSE
NAME OF BALLOT MEASUR	E		BALLOT NO./LETTER	JURISDICTION		SUPPORT	OPPOSE
3. Independent Ex	penditures Made Attac	ch additional information on approp	priately labeled continuation	n sheets.		CUMULATIVE TO	
DATE	NAME AND ADDRESS		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
10/7/2003 Wilberto Los Ang	o Sosa geles, CA 90018	Vol	ter Contact		\$23.33	\$333.62	
10/7/2003 Wilberto Los Ang	o Sosa geles, CA 90018	Vot	ter Contact		\$310.29	\$333.62	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 291 of	327
A	mendment No 000	— — — (д.кр.а.н. 25.6.)	Date of election i (Month, Day	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	TILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANE		<u>ррозова ст орросова</u>	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	FAPPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepen	dent Expenditures Made A	attach additional information on approprie	ately labeled continuation	n sheets.		CUMULATIVE 1 CALENDAR	O DATE
DATE	NAME AND ADDRE	ESS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Olga Soto Los Angeles, CA 90005	Voter	r Contact		\$299.37	\$299.37	
10/7/2003	Maria Tejada Long Beach, CA 90806	Voter	r Contact		\$316.14	\$316.14	
10/6/2003	Telincs Communications, Inc. Los Angeles, CA 90005	Voter	r Contact		\$4,594.44	\$24,594.44	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>292</u> of _	327
A	Amendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commi	ttee)		
COMMITTEE/	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Hugo Tena Bell Gardens, CA 90201	Voter	Contact		\$232.72	\$265.96	
10/7/2003	Hugo Tena Bell Gardens, CA 90201	Voter	Contact		\$33.24	\$265.96	
10/7/2003	Nallely Tena Bell Gardens, CA 90201	Voter	Contact		\$199.48	\$232.72	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 293 of 327	
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/7/2003	Nallely Tena Bell Gardens, CA 90201	Voter	Contact		\$33.24	\$232.72	,
10/7/2003	Marvin Tenorio Los Angeles, CA 90032	Voter	· Contact		\$299.37	\$299.37	
10/7/2003	Jose Teos Los Angeles, CA 90006	Voter	·Contact		\$211.62	\$211.62	

Report covers period from9/21/2003	Date Stamp 1/12/2004	CALIFORNIA 4	65
through 12/31/2003		Page 294 of 3	27
Date of election if applicable: (Month, Day, Year)			
10/7/2003			
Treasurer (If recipient comm	nittee)		
NAME OF TREASURER			
MAILING ADDRESS			
CITY	STATE ZIP COI	DE AREA CODE/PHO	NE
OPTIONAL: FAX/E-MAIL ADDRESS			
		CHEC	K ONE
OFFICE SOUGHT OR HELD AND DISTRICT, I	F APPLICABLE		
BALLOT NO./LETTER JURISDICTION		SUPPORT	OPPOSE
	1	CUMULATIVE TO	DATE EAR
	\$155.24	(JAN.1 - DEC.	31)
ontact	\$11.66	\$211.14	
•	through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient common NAME OF TREASURER MAILING ADDRESS CITY OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, I BALLOT NO./LETTER JURISDICTION By labeled continuation sheets. DESCRIPTION OF EXPENDITURE ontact	through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP COLO OPTIONAL: FAX/E-MAIL ADDRESS OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE BALLOT NO./LETTER JURISDICTION Sty labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT Ontact \$155.24	through 12/31/2003 Date of election if applicable: (Month, Day, Year) 10/7/2003 Treasurer (If recipient committee) NAME OF TREASURER MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHOIO OPTIONAL: FAX/E-MAIL ADDRESS CHECTOR OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT BALLOT NO./LETTER JURISDICTION SUPPORT BY labeled continuation sheets. DESCRIPTION OF EXPENDITURE AMOUNT CALENDARY (JAN.1 - DEC.

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 295 of	327
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	oported or Opposed				CUE	CK ONE
NAME OF CANI			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Martha Tiscareno Los Angeles, CA 90022	Voter	r Contact		\$132.20	\$132.20	
10/7/2003	Elen Toledo Los Angeles, CA 90004	Voter	r Contact		\$11.66	\$239.38	
10/7/2003	Elen Toledo Los Angeles, CA 90004	Voter	r Contact		\$194.48	\$239.38	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>296</u> of <u>327</u>	
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient comm	ttee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHI	ECK ONE
NAME OF CANI		Physical Spheres	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE CALENDAR (JAN.1 - DE	TO DATE R YEAR C.31)
10/7/2003	Elen Toledo Los Angeles, CA 90004	Voter	Contact		\$33.24	\$239.38	
10/7/2003	Maria Toledo Lancaster, CA 93535	Voter	Contact		\$11.66	\$244.38	
10/7/2003	Maria Toledo Lancaster, CA 93535	Voter	Contact		\$166.23	\$244.38	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>297</u> of _	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		Physical Spheres	OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Maria Toledo Lancaster, CA 93535	Voter	Contact		\$66.49	\$244.38	
10/7/2003	Cynthia Torres Inglewood, CA 90301	Voter	Contact		\$23.33	\$314.31	
10/7/2003	Cynthia Torres Inglewood, CA 90301	Voter	Contact		\$290.98	\$314.31	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	v) through 12/31/200	03		Page <u>298</u> of _	327
A	Amendment No 000	- (Explain 500)	Date of election if (Month, Day	applicable:		For Official Use 0	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient com	mittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/	Æ-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
-	ident Expenditures Made A	1			AMOUNT	CUMULATIVE T CALENDAR	O DATE YEAR
DATE 10/7/2003	Janet Torres		DESCRIPTION OF E	EXPENDITURE	\$246.56	(JAN.1 - DEC	C.31)
	Inglewood, CA 90305						
9/30/2003	Julio Torres Los Angeles, CA 90029	Phone	Bank		\$204.40	\$408.80	
10/6/2003	Julio Torres Los Angeles, CA 90029	Dhone	eBank		\$204.40	\$408.80	

Expen	emental Independent diture Report at Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	UCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 299 of	327
	Amendment No 000	—	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Com	mittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMIT	TTEE/FILER'S NAME		NAME OF TREA	SURER			
STREET	TADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTION	IAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
 2. Name	e of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF	F CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE		RT OPPOSE
NAME OF	F BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
•	pendent Expenditures Made A				AMOUNT.	CUMULATIVE 1 CALENDAR	TO DATE
9/30/2003	Laura Torres		DESCRIPTION OF eBank	EXPENDITURE	\$461.10	(JAN.1 - DE	C.31)
	Los Angeles, CA 90057						
10/6/2003	Laura Torres Los Angeles, CA 90057	Phone	eBank		\$221.64	\$1,013.20	
10/7/2003	Tanya Torres Glendale, CA 91205	Voter	r Contact		\$23.33	\$222.81	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>300</u> of	327
A	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	ident Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE CALENDAR	TO DATE SYEAR C 31)
10/7/2003	Tanya Torres Glendale, CA 91205	Voter	r Contact		\$199.48	\$222.81	- · ·
10/6/2003	Wilber Torres Los Angeles, CA 90029	Phone	eBank		\$295.52	\$295.52	
10/7/2003	Zacarias Trinidad Los Angeles, CA 90005	Voter	r Contact		\$23.33	\$340.54	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	·65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>301</u> of _	327
Aı	mendment No 000	endment No 000		Date of election if applicable: (Month, Day, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comr	nittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DE AREA CODE/PH	ONE
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of (Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAND		Photograph and the state of the	OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	T OPPOSE
•	dent Expenditures Made A	1	•		AMOUNT	CUMULATIVE T	O DATE YEAR
DATE 10/7/2003	NAME AND ADDRE Zacarias Trinidad		DESCRIPTION OF r Contact	EXPENDITURE	\$317.21	(JAN.1 - DE	C.31)
	Los Angeles, CA 90005						
10/7/2003	Carlos Trochez Los Angeles, CA 90033	Vote	r Contact		\$199.48	\$199.48	
9/30/2003	Irvin Ulloa Los Angeles, CA 90029	Phon	neBank		\$212.23	\$424.46	

	nental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	ture Report ode Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	65
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>302</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2 Name o	of Candidate or Measure Sup	anartad ar Onnasad					
NAME OF CA	•	phorted or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE		CK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE 1	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/6/2003	Irvin Ulloa Los Angeles, CA 90029	Phon	eBank		\$212.23	\$424.46	
10/7/2003	Blanca Urias	Vote	r Contact		\$316.14	\$316.14	
	Los Angeles, CA 90022						
10/7/2003	Guillermo Urias Bell Gardens, CA 90201	Votes	r Contact		\$23.33	\$342.87	

Expend	mental Independent iture Report Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 303 of _	327
	Amendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	ASURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Name	of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
	CANDIDATE	Photos Shires	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepo	endent Expenditures Made A NAME AND ADDRE	ESS OF PAYEE	ately labeled continuation DESCRIPTION OF		AMOUNT \$282.60	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
	Bell Gardens, CA 90201						
10/7/2003	Guillermo Urias Bell Gardens, CA 90201	Votes	r Contact		\$36.94	\$342.87	
10/7/2003	Rosa Urias Los Angeles, CA 90015	Voter	r Contact		\$316.14	\$316.14	

Supplemei Expenditui Government Code		Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTION	NS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	03		Page <u>304</u> of <u>3</u>	327
Am	nendment No 000	- (ZAPIGIII 25.6.)	Date of election if applicable: (Month, Day, Year)			For Official Use C	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	mittee)		
COMMITTEE/FIL	ER'S NAME		NAME OF TREA	SURER			
STREET ADDRE	ESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	DNE
OPTIONAL: FAX	/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of C	Candidate or Measure Sup	oported or Opposed				CHEC	CK ONE
NAME OF CANDI	DATE		OFFICE SOUGHT OR HE	ELD AND DISTRICT,	IF APPLICABLE		T OPPOSE
NAME OF BALLO	T MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Independ	ent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE TO CALENDAR	D DATE
10/7/2003	Karla Valdez		· Contact	EXPENDITORE	\$199.48	(JAN.1 - DEC \$199.48	.31)
	North Hollywood, CA 91606						
10/7/2003	Esperanza Valdiva Los Angeles, CA 90016	Voter	Contact		\$323.14	\$323.14	
9/30/2003	Jairo Valdovinos Lynwood, CA 90262	Phone	eBank		\$215.57	\$289.45	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/2003		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	through <u>12/31/200</u>	03		Page 305 of	327
A	mendment No 000	ent No 000		applicable: y, Year)		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Sup	pported or Opposed				CHE	CK ONE
NAME OF CANI	DIDATE		OFFICE SOUGHT OR HE	LD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOL	RT OPPOSE
3. Independent	dent Expenditures Made At	1	tely labeled continuation		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR
10/6/2003	Jairo Valdovinos Lynwood, CA 90262	Phone	Bank		\$73.88	\$289.45	,
10/7/2003	Moises Valencia Los Angeles, CA 90003	Voter	Contact		\$246.56	\$246.56	
10/7/2003	Victor Valencia Long Beach, CA 90814	Voter	Contact		\$127.43	\$127.43	

Expenditu	ental Independent ure Report le Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>306</u> of	327
A	mendment No 000	-	Date of election i	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDI	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CAN		рросси ст срросси	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE RT OPPOSE
NAME OF BALL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE 1 CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
10/7/2003	Mauricio Valladares Los Angeles, CA 90018	Voter	r Contact		\$23.33	\$222.81	
10/7/2003	Mauricio Valladares Los Angeles, CA 90018	Voter	r Contact		\$199.48	\$222.81	
10/7/2003	Ana Valladares Los Angeles, CA 90019	Voter	r Contact		\$199.48	\$199.48	

	ental Independent ire Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	ENDITURI
	e Sections 84203.5)	to whole dollars.	from9/21/200)3		FORM 4	
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>307</u> of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	IONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2 Name of	Candidate or Measure Sup	onorted or Onnosed					
NAME OF CANE	•	oported or opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Independ	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.	1	CUMULATIVE CALENDAR	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DE	
10/7/2003	Enrique Vargas Los Angeles, CA 90006	Votes	r Contact		\$23.33	\$355.79	
10/7/2003	Enrique Vargas Los Angeles, CA 90006	Votes	r Contact		\$332.46	\$355.79	
10/7/2003	Jose Vargas Los Angeles, CA 90011	Vote	r Contact		\$23.33	\$321.53	

nental Independent ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers per from9/21/2003	Date S 1/12/2	tamp	CALIFORNIA FORM	165
TIONS ON REVERSE	Amendment (Explain Beld	through 12/31/2003			Page 308 of	327
Amendment No 000	ment No 000					
Report No CM1	_	10/7/2003				
ttee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (f recipient committee)			
E/FILER'S NAME		NAME OF TREASUR	EER			
DRESS (NO P.O. BOX)		MAILING ADDRESS				
STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COD	DE AREA CODE/P	HONE
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f Candidate or Measure Su	pported or Opposed				CH	ECK ONE
NDIDATE		OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICAB	LE		ORT OPPOSE
LLOT MEASURE		BALLOT NO./LETTER JL	PRISDICTION		SUPPO	DRT OPPOSE
-	1	-	1	AMOUNT	CUMULATIVE CALENDA	TO DATE R YEAR
Jose Vargas Los Angeles, CA 90011					\$321.53	EC.31)
Wendy Vargas Los Angeles, CA 90062		neRank	\$:	322.56	\$776.17	
	Phor	icDalik				
	ture Report Dide Sections 84203.5) FIONS ON REVERSE Amendment No Report No CM1 Ettee/Filer Information E/FILER'S NAME DRESS (NO P.O. BOX) STATE FAX/E-MAIL ADDRESS If Candidate or Measure Sun No Measure Sun No Measure LLOT MEASURE NAME AND ADDRESS Jose Vargas	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars.	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. Amendment No 000	Type or print in ink. Amounts may be rounded to whole dollars. Type or print in ink. Amounts may be rounded to whole dollars. Tons on Reverse Amendment No 000	Amounts may be rounded to whole dollars. Amounts may be rounded to whole dollars. From 9:21/2003 Page 308 of FORM

Expen	emental Independent Iditure Report nt Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>309</u> of _	327
	Amendment No 000	nendment No 000		if applicable: y, Year)		For Official Use	
	Report No CM1	_	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
 2. Nam	e of Candidate or Measure Su	pported or Opposed				CUE	CK ONE
	OF CANDIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	FAPPLICABLE		OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
	ependent Expenditures Made A	1				CUMULATIVE T CALENDAR	O DATE YEAR
DAT 9/30/2003	E NAME AND ADDRE Daysi Vasquez		DESCRIPTION OF eBank	EXPENDITURE	\$435.72	(JAN.1 - DE) \$945.96	C.31)
	Los Angeles, CA 90024						
10/6/2003	Daysi Vasquez Los Angeles, CA 90024	Phone	eBank		\$221.64	\$945.96	
10/7/2003	Maria Vega Pasadena, CA 91103	Voter	Contact		\$23.33	\$346.41	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers		Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/200</u>	3		Page 310 of _	327
4	Amendment No 000	nent No <u>000</u>		applicable: , Year)		For Official Use 0	
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	(If recipient commit	tee)		
COMMITTEE/	FILER'S NAME		NAME OF TREAS	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRE	SS			
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NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	
3. Indepen							TOPPOSE
	dent Expenditures Made Att	1				CUMULATIVE T CALENDAR	O DATE YEAR
DATE 10/7/2003	NAME AND ADDRESS Maria Vega	SS OF PAYEE	ately labeled continuation DESCRIPTION OF E		AMOUNT \$323.08	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE YEAR
	NAME AND ADDRES	SS OF PAYEE	DESCRIPTION OF E		#323.08	(JAN.1 - DEC	O DATE YEAR
DATE 10/7/2003 9/30/2003	NAME AND ADDRES	SS OF PAYEE Vote	DESCRIPTION OF E			(JAN.1 - DEC	O DATE YEAR

	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	65
	ode Sections 84203.5)	to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	CO
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>311</u> of _	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use (Only
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
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NAME OF CA	•	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	F APPLICABLE		CK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	n sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Oscar Vega Los Angeles, CA 90023	Vote	r Contact		\$23.33	\$340.54	
10/7/2003	Oscar Vega Los Angeles, CA 90023	Votes	r Contact		\$317.21	\$340.54	
10/7/2003	Jose Luis Velasquez Long Beach, CA 90804	Votes	r Contact		\$23.33	\$278.05	

	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	S S
	ode Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	CO
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>312</u> of _	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use 0	Only
	Report No CM1	_	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRI	ESS			
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2 Namo o	of Candidate or Measure Sup	anorted or Opposed					
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3. Indepe	ndent Expenditures Made A	ttach additional information on appropri	ately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE		DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DEC	
10/7/2003	Jose Luis Velasquez Long Beach, CA 90804	Vote	r Contact		\$254.72	\$278.05	
10/7/2003	Emilia Velasquez Los Angeles, CA 90003	Vote	r Contact		\$199.48	\$199.48	
10/7/2003	Maria Velazquez Los Angeles, CA 90044	Vote	r Contact		\$310.29	\$310.29	

	mental Independent	Type or print in ink.	Report cover	s period	Date Stamp	CALIFORNIA	
	iture Report Code Sections 84203.5)	Amounts may be rounded to whole dollars.	from9/21/200)3	1/12/2004	FORM 4	65
SEE INSTRUC	CTIONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page <u>313</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comn	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITT	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
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	of Candidate or Measure Sup	pported or Opposed					CK ONE
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3. Indep	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE T	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Ketty Veliz Hacienda Heights, CA 91745	Vote	er Contact		\$132.98	\$132.98	
10/7/2003	Romelia Vences Los Angeles, CA 90044	Vote	er Contact		\$23.33	\$355.79	
10/7/2003	Romelia Vences Los Angeles, CA 90044	Vote	er Contact		\$332.46	\$355.79	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 314 of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	ASURER			
STREET ADDF	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	pported or Opposed				CUI	CK ONE
NAME OF CANI		Photos Shires	OFFICE SOUGHT OR H	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE - CALENDAR (JAN.1 - DE	TO DATE R YEAR CC.31)
10/7/2003	Carmen Verduzco Commerce, CA 90040	Voter	r Contact		\$441.65	\$481.67	
10/7/2003	Carmen Verduzco Commerce, CA 90040	Voter	r Contact		\$40.02	\$481.67	
10/7/2003	Ramon Madrigal Verduzco Cathedral City, CA 92234	Voter	r Contact		\$23.33	\$340.54	

	nental Independent ture Report	Type or print in ink. Amounts may be rounded	Report cover	s period	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA	ENDITURI 65
	ode Sections 84203.5)	to whole dollars.	from9/21/200	3		FORM 4	CU:
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	03		Page <u>315</u> of	327
	Amendment No 000	-	Date of election i	f applicable:		For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Comm	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comn	nittee)		
COMMITTE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of CA	of Candidate or Measure Sup	pported or Opposed	OFFICE COLLOUT OF LI	TI DI ANID DIOTDIOTI	E ADDI IOADI E	1	CK ONE
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NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOI	RT OPPOSE
3. Indepe	endent Expenditures Made A	ttach additional information on appropri	iately labeled continuation	sheets.		CUMULATIVE	
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	CALENDAR (JAN.1 - DE	
10/7/2003	Ramon Madrigal Verduzco Cathedral City, CA 92234	Vote	er Contact		\$317.21	\$340.54	
10/7/2003	Jose Vergara Los Angeles, CA 90013	Vote	er Contact		\$23.33	\$322.70	
	Los Angeles, CA 70015						
10/7/2003	Jose Vergara Los Angeles, CA 90013	Vote	er Contact		\$299.37	\$322.70	

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page 316 of	327
A	mendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	ASURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
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2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANE		Physical Physics	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	dent Expenditures Made A		ately labeled continuation DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C.31)
9/29/2003	Luis Vides Los Angeles, CA 90020	Votei	r Contact		\$120.00	\$120.00	
10/7/2003	Luis Vides North Hollywood, CA 91605	Voter	r Contact		\$431.42	\$533.38	
10/7/2003	Luis Vides North Hollywood, CA 91605	Votes	r Contact		\$101.96	\$533.38	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page <u>317</u> of _	327
A	Amendment No 000	- -	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/I	FILER'S NAME		NAME OF TREA	SURER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAN	DIDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	APPLICABLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Indepen	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR C 31)
10/7/2003	Miguel Vides Van Nuys, CA 91405	Voter	Contact		\$23.33	\$304.69	,
10/7/2003	Miguel Vides Van Nuys, CA 91405	Voter	Contact		\$281.36	\$304.69	
10/7/2003	Antonio Vieyra Inglewood, CA 90301	Voter	Contact		\$23.33	\$339.47	

Expendit	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers p	eriod	SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTI	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/2003</u>			Page 318 of _	327
1	Amendment No 000		Date of election if ap (Month, Day, Y			For Official Use (
	Report No CM1		10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer	If recipient committee)			
COMMITTEE	FILER'S NAME		NAME OF TREASU	RER			
STREET ADD	PRESS (NO P.O. BOX)		MAILING ADDRESS	:			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COI	DE AREA CODE/PHO	DNE
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2. Name of	Candidate or Measure Sup	ported or Opposed				CHE	CK ONE
NAME OF CAN			OFFICE SOUGHT OR HELD	AND DISTRICT, IF APP	PLICABLE		T OPPOSE
NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER JI	URISDICTION		SUPPOR	T OPPOSE
3. Indeper	ndent Expenditures Made Att	1	ately labeled continuation sh DESCRIPTION OF EXP		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	O DATE
10/7/2003	Antonio Vieyra Inglewood, CA 90301				\$316.14	\$339.47	: 31)
	ingicwood, CA 70501	Voter	Contact		ψ310.14		2.31)
10/7/2003	Eduardo Vilchez Long Beach, CA 90805		Contact		\$11.66	\$176.86	2.31)

Expenditu	ental Independent Ire Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Belo	through <u>12/31/20</u>	003		Page 319 of _	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)		
COMMITTEE/F	ILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CAND			OFFICE SOUGHT OR HI	ELD AND DISTRICT,	F APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	iately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Edgar Villalobos Glendale, CA 91204		er Contact		\$211.62	\$211.62	<u></u>
10/7/2003	Voter Improvement Program Los Angeles, CA 90006	Phor	nebank		\$4,192.39	\$7,392.39	
10/7/2003	Juan Way Los Angeles, CA 90026	Vote	er Contact		\$332.46	\$332.46	

Expenditu	ntal Independent re Report Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	NS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/20</u>	003		Page <u>320</u> of _	327
Ar	nendment No 000	-	Date of election i (Month, Day	f applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
STREET ADDRI	ESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	СІТУ		STATE ZIP CC	DDE AREA CODE/PH	ONE
OPTIONAL: FAX	VE-MAIL ADDRESS		OPTIONAL: FAX	//E-MAIL ADDRESS			
2. Name of 0	Candidate or Measure Su	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, II	FAPPLICABLE	SUPPOR	RT OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOF	RT OPPOSE
3. Independ	lent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T	TO DATE
10/6/2003	Andrew Jon Westhall		r Contact	LXI ENDITORE	\$589.20	(JAN.1 - DE	0.31)
	Los Angeles, CA 90027						
9/30/2003	Jose Xingu Van Nuys, CA 91405	Phon	eBank		\$407.18	\$847.54	
10/6/2003	Jose Xingu Van Nuys, CA 91405	Phon	eBank		\$184.70	\$847.54	

Expen	emental Independent aditure Report ent Code Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTR	RUCTIONS ON REVERSE	Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>321</u> of _	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	-	10/7/2003				
1. Con	nmittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ittee)		
COMMI	ITTEE/FILER'S NAME		NAME OF TREA	ASURER			
STREE	T ADDRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIO	NAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	K/E-MAIL ADDRESS			
2. Nam	e of Candidate or Measure Su	oported or Opposed				CUE	CK ONE
	DF CANDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, I	F APPLICABLE		OPPOSE
NAME C	OF BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
	ependent Expenditures Made A	1	·		1	CUMULATIVE T	O DATE YEAR
DAT 9/30/2003	FE NAME AND ADDRE Nolvia Zapata		DESCRIPTION OF neBank	EXPENDITURE	\$472.55	(JAN.1 - DE	C.31)
	Compton, CA 90220				7.222		
10/6/2003	Nolvia Zapata Compton, CA 90220	Phon	neBank		\$221.64	\$989.71	
10/7/2003	Marcelina Zaragoza Los Angeles, CA 90011	Vote	r Contact		\$310.29	\$310.29	

Expenditu		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
•	Sections 84203.5)		from9/21/200				
SEE INSTRUCTIO		Amendment (Explain Belo	ow) through <u>12/31/20</u>	003		Page <u>322</u> of _	
Ar	nendment No 000	-	Date of election i (Month, Day			For Official Use	Only
	Report No CM1	-	10/7/2003				
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)	•	
COMMITTEE/FI	LER'S NAME		NAME OF TREA	SURER			
OTDEET ADDOL	FOCALOR O POV		MAILING ADDR	ESS			
SIREEI ADDRI	ESS (NO P.O. BOX)						
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FAX	(/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. <u>Name of (</u>	Candidate or Measure Sup	oported or Opposed				CHE	CK ONE
NAME OF CAND	IDATE		OFFICE SOUGHT OR HI	ELD AND DISTRICT, I	F APPLICABLE	SUPPOR	OPPOSE
NAME OF BALLO	DT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	lent Expenditures Made A	ttach additional information on appropr	iately labeled continuation	sheets.			
DATE	NAME AND ADDRE	1	DESCRIPTION OF		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	YEAR
10/7/2003	William Zavala Hawthorne, CA 90250	Vote	er Contact		\$23.33	\$296.29	•
10/7/2002	Will 7 1	V.			\$272.0¢	Ф207.20	
10/7/2003	William Zavala Hawthorne, CA 90250	Vote	er Contact		\$272.96	\$296.29	
10/7/2003	Erick Zavaleta Los Angeles, CA 90044	Vote	er Contact		\$184.50	\$184.50	

Expenditu	ental Independent ure Report de Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report covers pe	riod Date 1/12/	Stamp	CALIFORNIA FORM	-65
SEE INSTRUCTION	ONS ON REVERSE	Amendment (Explain Belo	w) through <u>12/31/2003</u>			Page 323 of	327
A	Amendment No 000	-	Date of election if ap (Month, Day, Ye			For Official Use	
	Report No CM1	_	10/7/2003				
1. Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasurer (f recipient committee)			
COMMITTEE/I	FILER'S NAME		NAME OF TREASUR	ER			
STREET ADD	RESS (NO P.O. BOX)		MAILING ADDRESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PH	IONE
OPTIONAL: FA	AX/E-MAIL ADDRESS		OPTIONAL: FAX/E-M	AIL ADDRESS			
 2. Name of	Candidate or Measure Sup	oported or Opposed				QUE	TOW ONE
NAME OF CAN		оролов от орросов	OFFICE SOUGHT OR HELD	AND DISTRICT, IF APPLICA	BLE		RT OPPOSE
NAME OF BALI	LOT MEASURE		BALLOT NO./LETTER JU	RISDICTION		SUPPO	RT OPPOSE
3. Indepen	dent Expenditures Made A	ttach additional information on appropri	ately labeled continuation she	eets.		CUMULATIVE - CALENDAR	TO DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF EXPI		AMOUNT	(JAN.1 - DE	C.31)
10/7/2003	Herrera Zeferino Los Angeles, CA 90037	Votes	r Contact		\$184.50	\$184.50	
10/7/2003	Juan Zelaya				h		
	Los Angeles, CA 90029	Votes	r Contact	· ·	\$11.66	\$277.63	

Expenditu	ental Independent ure Report e Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 1/12/2004	CALIFORNIA FORM	-65
SEE INSTRUCTIO	ONS ON REVERSE	Amendment (Explain Below	w) through <u>12/31/20</u>	003		Page _324 of _	327
A	mendment No 000	-	Date of election i	f applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Committ	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	r (If recipient comm	ittee)		
COMMITTEE/F	FILER'S NAME		NAME OF TREA	SURER			
STREET ADDR	RESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL: FA	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS			
2. Name of	Candidate or Measure Su	pported or Opposed				CUE	CK ONE
NAME OF CANE		Ph	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		OPPOSE
NAME OF BALL	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
3. Independ	dent Expenditures Made A	1	ately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DE	O DATE YEAR
10/7/2003	Juan Zelaya Los Angeles, CA 90029	Voter	Contact		\$99.74	\$277.63	
9/27/2003	Tracy Zeluff Los Angeles, CA 90026	Voter	Contact		\$697.11	\$880.11	
10/6/2003	Tracy Zeluff Los Angeles, CA 90026	Voter	Contact		\$183.00	\$880.11	

Sunnlam	nental Independent				SUPPLEMENTA	AL INDEPENDENT EXP	ENDITURI
Expendit	ture Report ode Sections 84203.5)	Type or print in ink. Amounts may be rounded to whole dollars.	from9/21/200		Date Stamp 1/12/2004	CALIFORNIA FORM	65
SEE INSTRUCTIONS ON REVERSE		Amendment (Explain Belo	ow) through <u>12/31/20</u>)3		Page 325 of 327	327
	Amendment No 000	-	Date of election (Month, Da	if applicable:		For Official Use	
	Report No CM1	_	10/7/2003				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	ttee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	ASURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PH	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS	OPTIONAL: FAX/E-MAIL ADDRESS					
 2. Name o	of Candidate or Measure Su	pported or Opposed				CHE	CK ONE
NAME OF CA	NDIDATE		OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE	SUPPOR	RT OPPOSE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	RT OPPOSE
•	ndent Expenditures Made A	1				CUMULATIVE T CALENDAR	YEAR
DATE 10/7/2003	NAME AND ADDRE Lilian Zuniga		DESCRIPTION OF er Contact	EXPENDITURE	\$23.33	(JAN.1 - DE	C.31)
	Los Angeles, CA 90004						
10/7/2003	Lilian Zuniga Los Angeles, CA 90004	Vote	er Contact		\$307.75	\$331.08	

Supplemental Independent

Type or print in ink.

	SUPPLEMENT	AL INDEPENDEN	NT EXPENDITURE
F	Report covers period	CALIFORN	IA 165
rom _	9/21/2003	FORM	403
hrough	12/31/2003	Page 326	of 327

	enditure Report		Amounts may be rounded to whole dollars.		Report covers period from 9/21/2003		CALIFORNIA 465	
SEE INST	RUCTIONS ON REVERSE			through	12/31/2003	Page <u>32</u>	of <u>327</u>	
NAME OF	FILER					I.D. NUMBER (If recipient com.)		
Communi	ty Civic Participation Project sponsored by Labor Organiz	ations				1258279		
4. Su	ımmary							
1	Total independent expenditures made of \$	100 or more th	his period. (Part 3.)				\$827,443.79	
2.	Fotal independent expenditures under \$10	0 made this pe	eriod. (Not itemized.)				\$7,135.38	
2 -	3. Total independent expenditures made this period (Add Lines 1 + 2.)							
٥.								
	ing Officers Enter the name and address of	each filing officer	r with whom the filer's most recent campaign	statements (Form 4	50, 460 or 461) have bee	en filed.		
5. Fil	ing Officers Enter the name and address of NAME OF FILING OFFICER	each filing officer		n statements (Form 4	50, 460 or 461) have bee	en filed.		
5. Fil		each filing officer	3) NAME O			en filed.		
5. Fil	NAME OF FILING OFFICER	each filing officer	3) NAME O	F FILING OFFICER		en filed.		
5. Fil	NAME OF FILING OFFICER retary of State RESS (NO. AND STREET)	each filing officer	3) NAME O	F FILING OFFICER	oters	en filed.	ZIP CODE	
5. Fil	NAME OF FILING OFFICER retary of State RESS (NO. AND STREET)		3) NAME O Sacramento ADDRESS	F FILING OFFICER	oters		ZIP CODE 95827	
5. Fill 1) Second ADD CITY Sacond	retary of State PRESS (NO. AND STREET)	STATE	3) NAME O Sacramento ADDRESS ZIP CODE CITY 95814 Sacramento	F FILING OFFICER	oters	STATE		
5. Fil 1) Sec ADE CITY Sac 2) Los	retary of State RESS (NO. AND STREET) Y ramento NAME OF FILING OFFICER S Angeles County Registrar Recorder	STATE	3) NAME O Sacramento ADDRESS ZIP CODE CITY 95814 Sacramento 4) NAME O	F FILING OFFICER County Registrar of Vo	oters (NO. AND STREET)	STATE		
5. Fil 1) Sec ADE CITY Sac 2) Los	retary of State PRESS (NO. AND STREET) Y ramento NAME OF FILING OFFICER	STATE	3) NAME O Sacramento ADDRESS ZIP CODE CITY 95814 Sacramento 4) NAME O	F FILING OFFICER County Registrar of Vo	oters (NO. AND STREET)	STATE		
5. Fil 1) Sec ADE CITY Sac 2) Los	retary of State RESS (NO. AND STREET) ramento NAME OF FILING OFFICER A Angeles County Registrar Recorder RESS (NO. AND STREET)	STATE	3) NAME O Sacramento ADDRESS ZIP CODE CITY 95814 Sacramento 4) NAME O San Francis	F FILING OFFICER County Registrar of Vo	oters (NO. AND STREET)	STATE		

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	1/12/2004	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	1/12/2004	By Gribbon Gribbon Gribbon
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT